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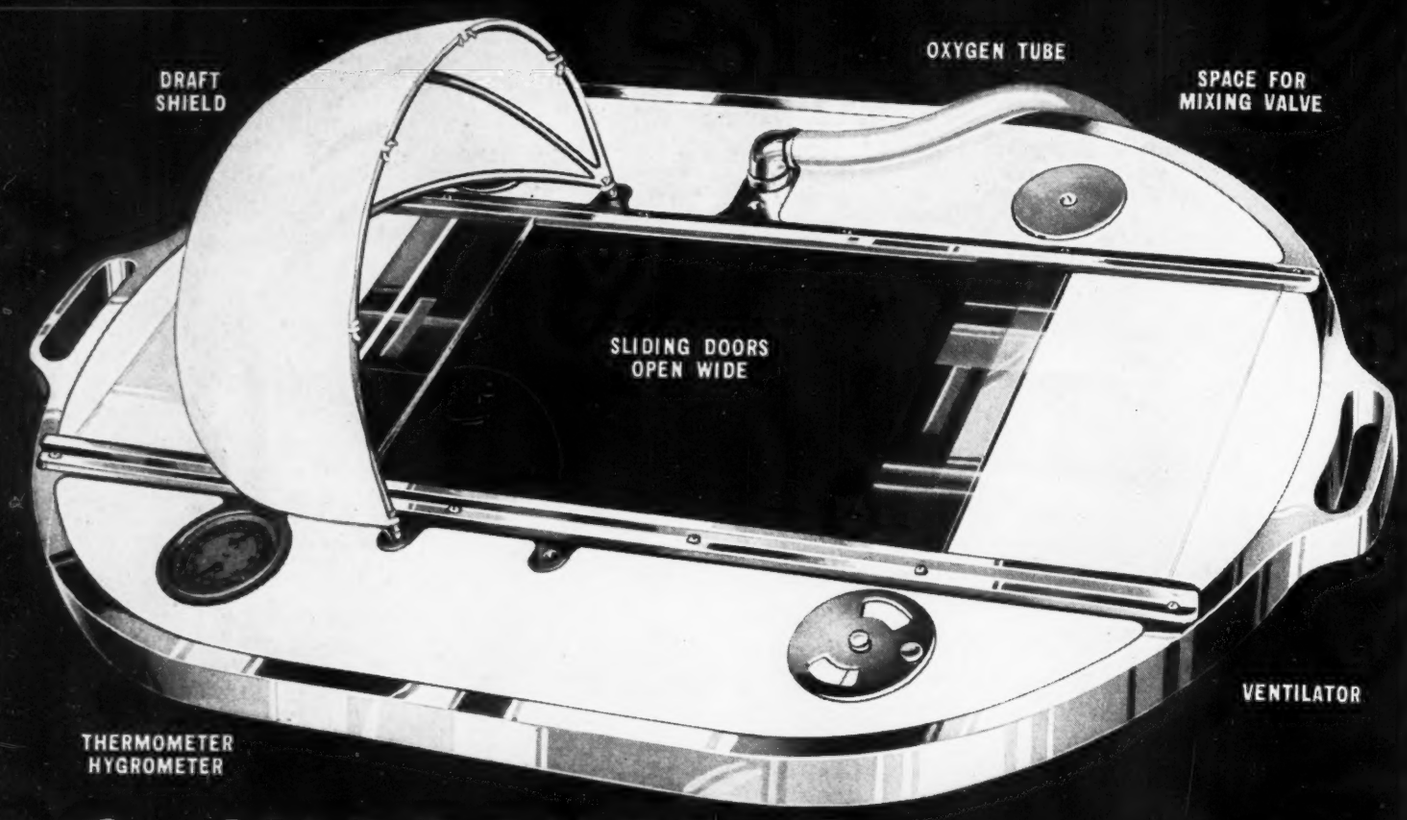
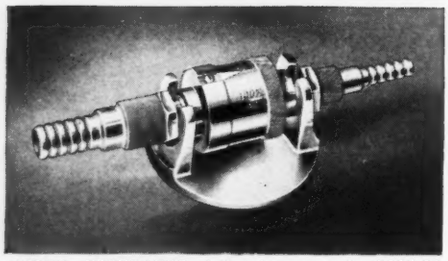
1940

the MODERN HOSPITAL

VOLUME 55 DECEMBER 1940 NUMBER 6



An IMPROVED Oxygen Top for Incubators



WOCO INCUBATOR (above) now only $225.00 without oxygen top.

OXYMIX (below) precision mixer for oxygen and air, $65.00.

Better Equipment SAVES More Lives

Babies in need of oxygen-therapy deserve the best equipment it is possible to make. These improvements in the Oxylid oxygen-therapy top make it more precise, safer and infinitely more durable. It fits any Woco-type incubator.

1. **The entire top is of cast aluminum—light but strong. No twist—no bind—no dents—no thin sheet metal.**
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For December 1940

Just in Passing—

HOW a small hospital raised its autopsy percentage from 0 to 48+ per cent makes a graphic story to be told in next month's issue by Charles J. Cotter.

THE importance of occupational therapy from the standpoint of the administrator will be discussed next month by A. C. Seawell of Dallas, Tex.

WHAT are the legal aspects of medical photography? What obligations does the hospital assume? If you are interested in this growing field, don't miss the article next month.

THE troublous question of charges for laboratory work is to be discussed by Dr. Charles F. Wilinsky. The proponents of the inclusive rate will not agree with Doctor Wilinsky, but he makes a good case.

HOW about fluorescent lamps? Are they valuable in hospitals? Next month the president of a hospital board of trustees will answer the question.

READ AND PASS ALONG

	See page	Date
Administrator		
Purch. Agent	.....	.....
Supt. of Nurses	.....	.....
Surg. Supervisor	.....	.....
Dietitian	.....	.....
Housekeeper	.....	.....
Pharmacist	.....	.....
Engineer	.....	.....
Laundry Manager	.....	.....
Radiologist	.....	.....
Pathologist	.....	.....
Chief of Staff	.....	.....
.....	.....	.....
.....	.....	.....

Return to .....

The Modern Hospital

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Liver Therapy in the Anemias

A drug store of the early eighties. Quite unlike the streamlined pharmacy of today.

According to medical history, the first accurate report of a case of pernicious anemia was made in 1822. For more than a century thereafter the disease continued to be almost universally fatal. Arsenic and transfusions were used, but did little more than postpone the issue. Then in 1925 came the studies of Whipple and Robscheit-Robbins, followed by the work of Minot and Murphy, which soon led to the liver extracts so widely prescribed today.

Eli Lilly and Company is proud to have had a part in this development. It was the Lilly organization that first placed liver extract, in any form, at the disposal of physicians. The work has continued without interruption until there are now available such outstanding liver preparations as 'Lextron' (Liver-Stomach Concentrate with Ferric Iron and Vitamin B Complex, Lilly), 'Reticulogen' (Parenteral Liver Extract with Vitamin B_1, Lilly), and many others.

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Individual Laundry Bags

• What is that hanging over the backs of chairs at the Charles T. Miller Hospital, St. Paul? It looks for all the world like a bag. It is—a laundry bag into which soiled linen is placed, leaving the chair seat free for clean linen, blankets and pillows.

Not only do these bags add to the appearance of the room, but they protect the nurse's uniform as she drops the soiled linen down the laundry chute, bag and all. Each laundry bag is used only once, there being a sufficient number so that one is included in the clean linen assigned to each patient each day.

The bags are made in the hospital sewing room of unbleached sheeting and the approximate cost, Verna Brandhagen, the housekeeper, tells us, is 27 cents apiece. She also supplies the measurements, which are as follow: length, 2 yards and 14 inches cut and 1 yard finished; width, 27 inches. A 4 inch hem on the back of the bag and a 10 inch hem on the front prevent its tearing where it is slipped over the chair. The double placket on the front of the bag is cut 20 inches long and 20 inches wide, 9 inches finished, to fit the chair backs.

The laundry bag for soiled linen.

Public Relations Recognized

• To note the steady advances that are being made in hospitals from year to year, it is necessary only to study the annual reports of various institutions. Public relations, for example, receives major attention where once it passed unheeded.

Taking up the thirty-ninth annual report of the Clearfield Hospital, Clearfield, Pa., we find Donald Rosenberger, superintendent, reporting as follows:

"Public relations cannot be good, no matter how expert the hands and voices may be that direct it, unless the hospital service is worthy of being made known. Some of the stimuli to better service have come through the obvious necessities of backing up the hospital public relations program.

"The Clearfield Hospital has endeavored to observe this trend toward increased emphasis in public relations. Every day for a number of years a report of admissions and discharges has been printed in the daily paper. During the past year 182 articles citing the work of the hospital have appeared in the local papers and on a number of occasions the hospital has been represented and hospital topics have been discussed at meetings of various organizations in Clearfield and vicinity.

"Two noteworthy public relations projects were carried out in connection with the county fair and with National Hospital Day. Group hospitalization was featured at the fair. On National Hospital Day more than 700 persons toured the building and saw for the first time the inner workings of the hospital machine. They saw, too, the many new improvements made possible during the year and were present for the unveiling of the picture of the 'Good Samaritan' presented by the Clearfield Art Club."

All very encouraging!

Halloween at Cambridge

• There was no chance of any patient in Mary McClellan Hospital, Cambridge, N. Y., losing sight of the fact that it was Halloween. Dinner trays dressed for the occasion by the dietary department proclaimed the fact early in the day. Then, later in the afternoon, there were squeals of delight from the basement, where 32 youngsters, orthopedic patients, assembled in chairs and on beds to see motion pictures and to enjoy refreshments.

First, something about those trays. Never did you see more attractive trays with their Halloween napkins and tiny drop cakes, each topped with a Halloween candy in the form of a kernel of corn, a pumpkin or some equally suitable emblem. Too bad that all could not enjoy them, but those who could did and will not soon forget their surprise and delight.

Much excitement prevailed in the children's department over the prospect of the afternoon motion picture show, promised by a friend in Cambridge. When 3 o'clock finally arrived, the children gathered in a large room in the basement, where the hospital conducts its many clinics, to find the spirit of Halloween everywhere. There were jolly jack-o'-lanterns, black paper skeletons dangling dejectedly from the walls and paper caps for everyone. Soon the lights went out and the lantern threw familiar scenes on the screen, peopled with friends and acquaintances about Cambridge. There was hardly a participant who did not come in for some share of applause.

Lights on again for one brief moment while the operator substituted another film, a hunting scene. By this time news of what was happening had traveled round the building and many "oldsters"—nurses and doctors on the staff as well as visitors—shared the festivities with the youngsters.

Finally came the moment for which all had been waiting—refreshments. What party is complete without them? These were strictly Halloween refreshments, too. Yes, you guessed right, cider, and to go with it—well, what could possibly go with cider on Halloween but doughnuts? Childish laughter and a babble of voices followed Miss Cleave, the superintendent, and your Roving Reporter upstairs where hospital routine was proceeding quite oblivious of the fact that witches and goblins were cavorting about while toothless jack-o'-lanterns grinned foolishly at their antics.

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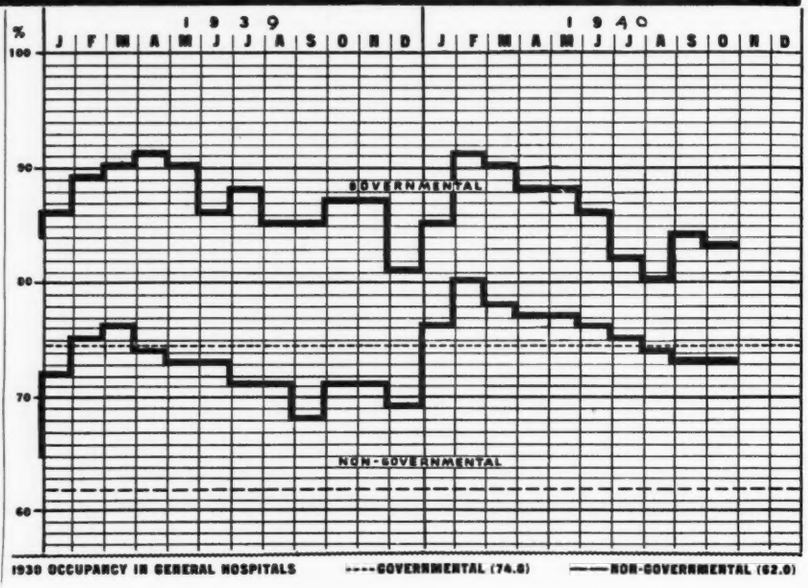
HOSPITAL OCCUPANCY BAROMETER

Type and Place	Census Data on Reporting Hospitals		1940		1939	
	Hosp.[1]	Beds[2]	Oct.	Sept.	Oct.	Sept.
Governmental:						
New York City	17	10,380	94*	94	91	88
New Jersey	5	2,285	82*	82*	86	84
N. and S. Carolina	18	2,387	68*	72	73	73
New Orleans	2	3,533	84	84	106	105
San Francisco	3	2,255	98*	98	95	94
St. Paul	1	1,180	69*	69*	68	65
Chicago	2	3,500	88	89	88	86
Total[4]	48	25,520	83*	84*	87	85
Nongovernmental:						
New York City[3]	68	15,194	76*	76*	72	66
New Jersey	62	8,445	68*	68*	70	67
N. & S. Carolina	109	7,538	64*	66	65	66
New Orleans	6	1,198	76	75	77	74
San Francisco	16	3,178	76*	76	74	72
St. Paul	9	1,103	75*	75*	69	64
Chicago	17	3,716	67*	67*	65	64
Cleveland	15	2,910	82*	78	78	72
Total[4]	302	43,282	73*	73*	71	68

[1]Excluding hospitals for tuberculous and mental patients and institutional hospitals. Census data are for most recent month. [2]Excluding bassinets, usually. [3]General hospitals only. [4]Occupancy totals are unweighted averages. *Preliminary report. Complete occupancy figures for January 1933 to November 1939 are given on page 1010 of The Eighteenth Hospital Yearbook.



New Construction Projects Jump to $14,280,000 During October

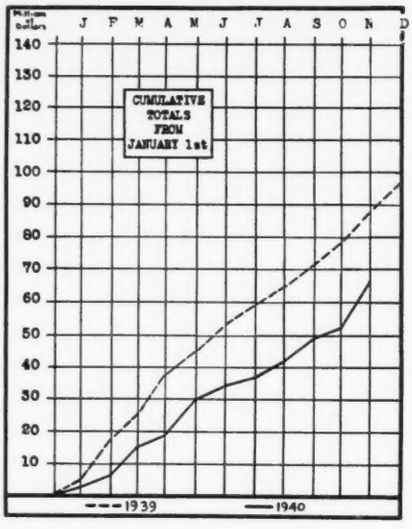
A two point increase in occupancy in the nongovernmental general hospitals over the figure for a year earlier is reported in the preliminary figures for October published herewith. Every month of the current year has shown an increase in occupancy over the corresponding month of 1939, ranging from a high of 5 points to a low of 2 points with an average of 3.4 points per month.

Occupancy in these hospitals remained at the same point in October that it was in September, according to the preliminary figures. When final figures are available, the October statement may be changed slightly.

In the governmental general hospitals, occupancy has been lower than last year except in February when it was 2 points higher and in March and June when it was the same as last year. It appears, therefore, that the voluntary hospitals have continued to relieve some of the overcrowding in governmental institutions.

A distinct upsurge in new hospital building projects was noticeable in the period from October 7 to November 18. A total of 74 projects was reported in this period, of which 71 sent in cost figures totaling $14,280,000. This compares with only 31 projects during the preceding month that had costs of less than $3,000,000. The new projects reported this past month are the largest in value of any comparable period for the current year. The grand total of all construction projects reported since January 1 is now brought to just under $66,000,000. While this is still substantially below the $88,000,000 reported for the same period of last year, it marks a major improvement in activity in this field.

HOSPITAL CONSTRUCTION



Of the 74 new projects reported during the past month, 15 are for new hospitals, of which 14 give their costs as $7,874,000. There are 54 additions to existing institutions and 52 of these give costs that come to $6,007,000. Four alteration jobs are to cost $314,000; one nurses' home will cost $85,000.

The general wholesale price index of the *New York Journal of Commerce* moved upward in the period from October 12 to November 16, going from 80.7 to 81.9. Grain advanced from 65.2 to 69.7, textiles, from 70.1 to 75.7 and building materials, from 109.4 to 114.4. These three items also advanced during the previous month. General food prices dropped slightly from 68.3 to 67.8 and fuel, from 84.1 to 83.9. The drug and fine chemical index of the *Oil, Paint and Drug Reporter* recovered part of the decrease of last month by moving from 202.5 to 203.3. It is apparent that the products directly concerned with defense have shown the most rapid advances.

The wage earner's cost of living index compiled by the National Industrial Conference Board declined by 0.1 per cent in October as a result of decline in food prices.

A New Development for Inhalation Gas Therapy

The PURITAN MASK and BAG

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The Mask **(nose piece) of semi-transparent, cool plastic.**

The Rebreathing Bag **of molded latex with automatic bag-valve.**

The Head Strap **of pure gum rubber with a slide adjustment.**

The Bag-to-Hose Connection **of plastic with five feet pure gum tubing.**

The Puritan Mask and Bag may be used where intermittent, occasional or prolonged administration of therapeutic gases is indicated. Some of the uses and treatments are:

1. **Pre-operative and post-operative.**
2. **Heart conditions such as Angina Pectoris and Coronary Thrombosis.**
3. **During spinal anesthesia.**
4. **Treatment of certain allergies.**
5. **Pulmonary and respiratory ailments.**
6. **Migraine headaches.**

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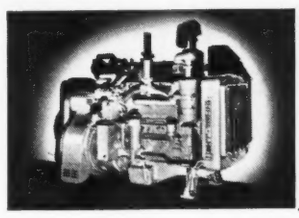

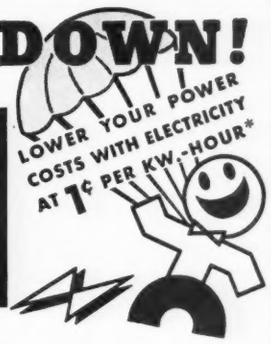

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*Slightly more or less, depending on average load and local price of fuel.

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SMALL HOSPITAL QUESTIONS

Conducted by Gladys Brandt, R.N., Cass County Hospital, Logansport, Ind.; Alloys F. Branton, M.D., Willmar Hospital, Willmar, Minn.; Jewell W. Thrasher, R.N., Frasier-Ellis Hospital, Dothan, Ala.; William J. Donnelly, Princeton Hospital, Princeton, N. J., and others

Indigent Emergency Cases

Question: What is the best method of obtaining an order from a township trustee in emergency cases?—E.P.P., Ind.

ANSWER: In answering this, it is assumed that you mean a township trustee of townships other than the one in which the hospital is located. There should certainly be a definite standing arrangement with your local township. It is our practice to accept without question in-patient emergency cases. Prompt contact is made, however, with the responsible party of the municipality that is the legal residence of the patient. This contact is made by the hospital's social service worker.

When satisfactory arrangements cannot be made, notice that the patient's removal must be effected at once, provided, of course, his condition warrants removal, is given through the hospital's social service worker or the welfare director of the township in which the hospital is located. The law in the several states usually is quite clear concerning whose legal responsibility it is to care for the medically indigent and, what is more important, the correct method of enforcing this responsibility. —W. J. D.

Maintenance of Wood Floors

Question: What is the best method of maintaining old wooden floors?—T.R.A., Ill.

ANSWER: So far as I know there is no "best method" of maintaining wooden floors. The following procedure, however, has been found satisfactory. Clean with a mild alkaline soap solution, followed by mopping with clear cold water. Sweeping compounds should be of the oily variety. Where traffic is heavy the floors will require painting or restaining about every six months. The frequency of machining the floors will depend upon the wood, traffic and general condition of the floors. Wax forms a protective covering for any type of floor but, because of the danger of accidents and resulting lawsuits, its use cannot be advocated.—J. T.

Orders for Narcotics

Question: Should physicians write p.r.n. orders for narcotics? For what period, if any? —A.M.L., Pa.

ANSWER: In small hospitals, p.r.n. orders apparently are a necessity. This need is frequently due to the fact that a doctor is not always readily available. A p.r.n. order is often required for the welfare and comfort of a patient. If an order is written "q.4.h.," for example, the nurse would accordingly administer the narcotic at the specified time, whether or not the patient's need for the drug had ceased since the order had been issued. Since the nurse who is in charge when a q.4.h. p.r.n. is written can use her judgment and not give the prescribed amount more often than necessary, it is a protection for the patient as he will not be given more narcotics than his condition requires.

Also, the patient's comfort can be increased during the more difficult periods by the timely dose of narcotic, made possible for a nurse to give when there is a p.r.n. order. However, this type of order should not be written promiscuously but only in cases of apparent necessity and then should be discontinued at the expiration of forty-eight hours, unless a written renewal has been made. Thus, the danger of the unwise administration of narcotics over a long period of time is eliminated.—E. I. R.

No Roommates for Nurses

Question: We are contemplating finishing our third floor for nurses' quarters and would appreciate hearing from superintendents of nurses as to the feasibility of dormitory or semiprivate rooms for students. We intend to include in our plan a study and recreation hall and large living room. We are a 65 bed hospital, caring for both charity and private patients.—E.M.R., Okla.

ANSWER: In providing living accommodations for student nurses, single rooms are universally approved. The restfulness of undisturbed retirement, when rest is needed, is an important factor in maintaining the health of the student.

Uninterrupted study and concentration, necessary to the best preparation of classroom assignments, are almost impossible when two persons occupy the same room, especially when the two are following separate schedules. Nothing is more unsatisfactory to the establishment of congenial surroundings and morale for the student who expects to make her home in the institution for three years than daily association with an uncongenial person.

Furthermore, in the event of illness, not only is the student's recovery promoted by care in a private room, but the spread of communicable diseases is more easily checked if she is housed in a room by herself.

These considerations are equally important in housing the graduate nurse. The increased responsibility of the graduate nurse and a decreasing inclination to fit her individual plan of living into the routine of a chance roommate are significant reasons why semiprivate rooms are not to be desired in any nurses' quarters.

It is wise to plan the single room so that under no emergency will it ever be possible to expand it into a double room that is seriously overcrowded.—D. R.

Radio Nuisance

Question: How can one best control the use of a radio in a patient's room where ear phones are not being used.—E.P.P., Ind.

ANSWER: The problem of how to control the use of a radio in the patients' rooms is like the problem of the poor: it will always be with us. We have tried many ways of effecting control and find that the best results are obtained with the use of a printed card attached to the radio in each patient's room. This card is headed "Suggestions Concerning Use of Your Radio" with the following message:

"In accordance with the wishes of the Board of Trustees to provide the utmost in quiet and comfort for all of our patients it is suggested that you keep the volume of your radio within the low range, and also keep the door of your room closed at all times while the radio is in operation. Your cooperation will be appreciated."

Since the adoption of this method, complaints have been practically eliminated.—W. J. D.

Handling of Infected Linen

Question: What is the safest and most satisfactory way to take care of infected linen?—E.B.B., N. Y.

ANSWER: In our small hospital the infected linen is immediately enclosed in a separate bundle and is taken by the operating room nurse to the laundry. There we have a special tub containing a strong solution of a standard carbolic disinfectant wherein the linen is soaked and washed out. It is then put through the washer, which contains only infected laundry for that load, is rinsed several times in very hot water, dried and mangled.—A. F. B.

LOOKING FORWARD

Service Plans and the A.H.A.

THE approved hospital service plans are to be congratulated for the statesmanlike proposals which were worked out at their conference in Chicago on November 9 and 10. These are described in detail in a news article on page 112.

When these proposals are approved by the board of trustees and by the house of delegates and assembly of the American Hospital Association, the approved plans may become institutional members of the A.H.A. with the same rights, privileges and obligations as other members of the association. In addition, the plans will set up an organization within the framework of the A.H.A. to carry on their research and public relations programs. The association will continue to control and direct the approval program and no plan will be permitted to become an institutional member of the association until it has been approved. Thus the A.H.A. will have the final authority in controlling admission of plans.

So far as the details of the research and public relations programs are concerned, the plans will be in full control. They will raise the budget, employ the necessary personnel, decide on projects to be undertaken and otherwise direct the work. This is to be accomplished by means of a commission whose members will be elected by the plans acting in the capacity of institutional members of the American Hospital Association.

It is apparent that a formula has been evolved which achieves the two major objectives that have been so widely discussed. First, the plans come within the framework of the American Hospital Association and give to the association the strength of their financial support and active participation. Second, the plans are given the opportunity to determine for themselves how much money shall be raised for their common projects and how this money shall be spent.

Many pressing problems are now facing hospital service plans. It is important, therefore, that the board of trustees act promptly upon the proposals now put before them. They might well call special meetings of the house of delegates and the assembly in the near future to amend the constitution and by-laws of the association to make these proposals effective.

Care of the Indigent

THE medical staff of a hospital that receives payment from public funds for the care of the indigent sick has two important responsibilities, according to a statement recently prepared by the medical board of the Albany Hospital, Albany, N. Y.

"First, and more important," says the report, "the staff must supply medical and surgical skill of a high caliber to the public and to the medically indigent groups and, second, it must supply such services as economically as is consistent with adequate care of the sick."

In nearly all cases, the medical staff must decide whether a patient needs to be admitted to in-patient accommodations or can be treated in the out-patient department. This has an important effect upon costs. The use of drugs, x-ray and laboratory services also affects the cost. The policy adopted at Albany seems to be a good one.

The administration also has important responsibilities. Either the admitting or the social service department must attempt to discover possible sources of income and to determine whether these may properly be drawn upon to pay for needed medical service.

When welfare departments are called upon to pay for the hospital and clinic service of indigent patients, complaints are likely to arise on each side. The hospitals may complain that welfare departments are slow in making payments, do not always accept cases that seem to be clearly their responsibility or require too much red tape. Also, they frequently set rates that are excessively low.

Welfare directors, on the other hand, state that hospitals often consider any case as a public responsibility

if there is the slightest difficulty in obtaining payment in advance, thus converting the welfare departments into"collection agencies" for the hospitals. Some hospitals abuse the privilege of admitting emergency patients without prior authorization and label an excessive proportion of their patients as "emergencies." Difficulties also arise sometimes between hospitals and welfare agencies over special charges.

Usually, the best solution to these problems is to arrange for periodic conferences between a committee of the state hospital association and representatives of the state and local welfare organizations. Professional advisory committees, composed of leading physicians, dentists, nurses and hospital administrators, may well be appointed by the welfare department at both the state and local levels. Such committees can help to solve difficulties without undue friction.

Fair play should be the slogan on both sides. Most of these problems can soon be solved if they are approached in this spirit.

Hospitals and Wealth

FURTHER evidence of the correlation between wealth and the extent and utilization of hospital facilities has been provided in a study made by the United States Public Health Service and published in *Public Health Reports* for May 10.

The authors, Pennell, Mountin and Pearson, found that the 25 per cent of states with the highest per capita income had 4.16 beds per thousand population in general and special hospitals (excluding mental and tuberculosis institutions) while the states in the poorest quarter from the income standpoint had only 1.72 beds per thousand population. But this is not all. The states in the first quarter used their facilities more fully with the result that they had 1100 patient days per thousand population as against 377 days in the states at the other end of the economic scale. The per capita payments to general and special hospitals by, or on behalf of, patients amounted to $5.27 each year in the wealthiest group of states and to only $1.40 in the poorest group.

Thus, the wealthiest states had 2.4 times as many hospital beds, provided 2.9 times as many patient days and received 3.8 per cent as much income from all sources.

Although it is true that the 12 states with the lowest income are in the South except for the two Dakotas, it would strain credulity to attempt to explain this phenomenon entirely upon the basis of a lower incidence of illness. Rather, it would appear that those states with the lowest per capita incomes simply cannot afford to provide themselves with the amount of hospital service that more wealthy states have considered necessary.

The importance of the preparedness effort makes it unlikely that anything will be done now on a national scale to minimize the effects of low income on hospitalization. But it is an important problem that should be reexamined as soon as more immediately pressing problems have been answered.

The Only Link?

"OUR reports indicate that the basic cause of practically all conflicts between capital and labor has been the fixed wage system. So long as wages are the only link connecting the interests of employer and employe, just so long will conflict continue. . . . The rank and file lack the perspective necessary to feel a proper degree of individual responsibility—they are 'just working there.' "

So reads a recent statement by the Labor Relations Institute of New York. Hospitals, usually, do not have as impersonalized relationships as are commonly found in large industrial and commercial activities. But even in hospitals much more could be done to help employes to see the true significance of their work and to appreciate the extent to which their welfare is tied up with the well-being of the entire institution.

Some hospitals have systematically attacked this problem through definite educational efforts directed to their employes. In Dallas, Tex., and Richmond, Va., institutes for hospital employes have been held under the direction of the local hospital councils. These are particularly valuable for smaller hospitals that might find it difficult to prepare as good material on their own responsibility. In the larger hospitals, conferences can be held in the various departments to issue instructions, invite suggestions of employes and discuss any problems that may be bothering more than one employe. If a problem concerns only one employe, it is usually better to discuss it privately.

The "give and take" of an open discussion of personnel problems with employes, if backed up by a real desire to meet their legitimate requests, is an excellent method of building up esprit de corps. Surely, no alert hospital today will allow the pay check to be the "only link" between management and workers.

Read It—or Weep Later

INASMUCH as hospitals have achieved the unenviable distinction of becoming "military objectives" in the current world war, the experiences of English and Continental hospitals with aerial bombardment should be of the utmost interest to American hospital administrators. Capt. Lucius W. Johnson, U. S. Navy Medical Corps, leads off this issue with a description of the situation abroad and with a discussion of the problems that would confront our hospitals in the event of aerial attack. No administrator should fail to read Captain Johnson's contribution to this important subject not only with his eyes but with his mind.

We Are Already Late in Our Preparations for Aerial Bombardment

LUCIUS W. JOHNSON, M.D.

Captain, Medical Corps, U. S. Navy

IT IS none too soon for hospital boards and administrators to give serious thought to the vulnerability of their institutions in case war should come.

Not so long ago, people held the comforting belief that hospitals could be protected from bombing in war by flying a flag which had a red cross on a white field. For nearly fifty years this talisman actually did protect hospitals, strange though it now seems.

This immunity began to wear a bit threadbare toward the end of the little World War of 1914-18, and a number of hospitals received special attention from aircraft and artillery. In the years following that war civilized nations endeavored, through the medium of the International Red Cross, to bolster the protection of hospitals by international treaties. These treaties were to provide for hospital cities and safety zones that, under proper safeguards, should be immune to attack.

The beginning of the present total war brusquely wiped out all such altruistic concepts. War is no longer a matter of sending the men away to fight. It is now brought right to the home and served hot to every member of the family. The home, the office, the factory, the hospital now share the menace of total war.

Immunity being gone, protection of hospitals has received a great deal of attention. Reports are now available from nearly a dozen of the belligerent nations; their conclusions should be of interest to us if affairs in this country follow the trend that many people fear.

Protection of existing hospitals is most important. Every hospital should be surveyed and its vulnerability to aerial attack estimated. The survey should include the building, the personnel, supplies and services.

Existing buildings must be made as safe as possible, but many of those in target areas will be buildings of considerable age. The large expenditures required to make these safe would not be justified and the better plan would be simply to evacuate them in case of war. It is a general rule that buildings that have the walls and floors hung on a steel frame or on reenforced concrete columns can be made fairly safe. Those that have the floors carried on walls of brick, wood or concrete blocks are helpless.

London's new Westminster Hospital has been protected by a 6 inch layer of concrete over the whole area of the roof and the two floors below

Photograph by Acme Newspictures, Inc.

This was a hospital. London nurses gaze at the wreckage after a raid.

The statements and opinions expressed in this article are those of the author and have no official sanction.

the roof. Additional columns were installed to carry the added weight. In the basement were built a complete operating suite, also receiving, sorting, treatment and gas decontamination rooms. The basement area is provided with walls and roof strong enough to resist collapse of the building above. Below it is a well, 50 feet in depth, into which the hospital's large supply of radium is lowered during an attack.

The American Hospital in Paris was prepared in a similar manner.

Photograph by International News Photos

Ward patients find that they have to wait while the débris is cleared away before they can get back into their beds. Note the shattered windows.

Independent supplies of water and food, with a special electric plant, were provided for the underground area. There were several covered entrances to provide access even though one or more were blocked by, débris.

In the survey of the hospital we should consider the following features:

1. Protection of patients and personnel against fire, missiles and collapse of the building. Bracing, shoring and sand bags may be employed for this purpose.

2. Protection from damage by rupture of water mains, sewers, gas mains, steam pipes and electric conduits.

3. Provision for emergency heating, lighting, water supply and elevator service.

4. Protection of food and its services, kitchens and laundry.

5. Protection of drugs and necessary supplies from gas, fire and water.

6. Provision for first aid; covered entrances for ambulances carrying patients and supplies.

7. Firefighting and repair facilities.

8. Bombproof underground areas for operating suites, rest rooms for staff and patients, storerooms and other facilities of a similar nature.

Any center of industrial, transportation or administrative activity must be considered a likely target for aerial bombing, and structures near by will be endangered, so the hospital authorities must also consider the nature of the neighboring buildings in estimating their danger. The greater the number of search lights and anti-aircraft guns in any area, the higher the bombers will have to fly and the less accurate will be their aim, so the target area will be larger.

Elaborate preparations for defense against poison gas were made in Europe but little gas has been used. The reason is that more havoc can be produced in cities by incendiary and high explosive bombs. But conditions may change at any time and one should consider the possibility that gas may be used. The means of protection against gas are pretty well standardized and it is not necessary to repeat them here.

Incendiary bombs may weigh up to 75 pounds, but it has been found that a great number of smaller ones is more effective. The ordinary type contains a mixture of iron oxide and finely powdered aluminum, with a suitable detonator. Heat of 3000° C. or more is produced when the metals combine and the molten iron is widely scattered. Bombs are designed to penetrate the roof and one or more floors before detonating, so as to increase the effect. Therefore, attics and upper floors should be cleared of all accumulations of flammable articles, and fire fighting apparatus should be installed.

The only absolute protection against large high explosive bombs is a concrete shelter, having two 6 inch layers of reenforced concrete with a foot of loose earth between them. This shelter must be at least 100 feet down in the earth, for fissures in the earth may extend far beyond the actual crater made by the shell. This absolute protection is rarely available, but it gives some idea of the difficulty of the problem. The ideal shelter should protect from the immediate effects of the blast and the suction of the counterblast; from flying splinters and other secondary missiles; from aerial machine gunning; from crushing by falling débris; from burning by incendiary bombs, fires or explosions; from effects of poison gases; from drowning by broken water or sewer pipes; from electrocution by damaged electric wires or conduits. No such shelter has yet been devised but this is the ideal for which we should strive.

Most bombs have still some forward motion left at the moment of impact, so we must not make the error of protecting only the roof and floors. Many bombs enter through the side walls. The safest possible shape of a building to survive aerial attack would be a tall, narrow cone, but such a building would be poorly adapted to hospital use.

When a bomb explodes, it imparts some of its energy to thousands of inert objects, which become secondary missiles. Bricks, paving stones, slivers of glass, wooden splinters and masses of concrete are projected with great force in all directions. Any of

these may cause severe injury or death. Countless fragments of anti-aircraft shells may fall from a height of from 1 to 5 miles, with momentum enough to penetrate any protective helmet. The average shelter, as developed in Europe, will protect from such missiles and from a bomb falling a distance of 50 feet.

Débris from falling buildings may be hundreds of tons in weight. It may be in huge unwieldy masses, perhaps tangled in twisted iron, so that many hours or days may be required to clear it. This suggests that bombproof shelters under or near hospitals should have several entrances, thus increasing the chance of having one of them clear after the air attack ceases.

Glass windows may be protected to some extent by sandbagging, but if they are to continue to provide light and air the problem is a difficult one, which is yet far from solution. Transparent paper pasted over window panes may reduce the number of fragments, but their size and momentum will be greater if the window is blasted. Shatterproof glass has not proved satisfactory. Panes of some transparent plastic material may prove to be better than glass.

Bombproof operating areas will need their own air conditioning systems so that they may continue to serve during gas attacks. If these cannot be provided, the staff will need gas masks and should be trained to carry on their work while wearing them. Provision must also be made for carrying on the work of the hospital under black-out conditions. This will require elaborate precautions which involve every door and window. Repeated trials will be necessary before the complete black-out can be achieved.

When war comes, large numbers of beds must be provided in rural communities to which patients from target areas can be rapidly evacuated. New hospitals must be located where they can be concealed from enemy observation. They should be contoured into the hillsides and camouflaged as completely as possible. Personnel and equipment must be those of a complete modern city hospital; they must be prepared to take care of large numbers of gassed, burned, crushed and otherwise wounded patients. Bombproof and gasproof rooms will be needed for storage of food, water and materials. Reports from Norway and Finland indicate that eight times as much dressing material will be required for each patient wounded in aerial attack as would be required for the wounded in times of peace. Extensive and multiple wounds are the rule in aerial warfare.

Wards, operating suites, living spaces for the staff, receiving rooms and other essential spaces must be so protected that they can continue to operate during aerial attacks. Specialists in all branches and facilities for the work should be assembled in advance of the emergency. Receiving and treatment rooms should be provided for three classes of patients:

(1) gassed, not wounded;
(2) gassed and wounded, and
(3) wounded, not gassed.

When possible, arrangements should also be made to segregate patients by sexes. This requires duplication of spaces and personnel and so will often be impracticable.

The tragic result of failure to plan and to prepare in advance of the emergency is illustrated by official reports from Poland, where there was little preparation. Missiles fell from the air, buildings crumbled and fires started. Great numbers of wounded were rushed to the hospitals, some of which were fortunately unharmed. The wards and corridors were quickly overcrowded with victims and their clamoring relatives. Urgent calls were sent out for doctors, nurses, stretcher bearers and blood donors. Those who responded to the calls found the streets about the hospitals so crowded that they could not get in to offer their services. Those within were so beset with crowds of wounded, relatives and other panicky groups that they were able to accomplish little. Many died who might have been saved under better conditions. This illustrates the importance of organization, training and planning in advance of the emergency.

Photograph by International News Photos

Surgeons operate underground. Every effort has been made to provide the same aseptic conditions that obtain in an ordinary operating room.

Hospital preparedness is, of course, only one detail of the general preparation of the community. Our country is sadly behind in this organization of the civil community for its own protection. England spent two years in frenzied work for protection of the civilian population and found its precautions to be grossly inadequate. We have not even started to prepare.

This outline is sketchy and incomplete but it gives some idea of the great complexity of the problem and the enormous cost of adequate protection. It will, I hope, stimulate those responsible for hospitals to give some thought to the subject.

Ten Steps Toward Preparedness

EVERETT W. JONES

ALTHOUGH the number of hospitals that have been asked to form Army hospital units is relatively small in comparison with the total number of institutions in the country, hospital groups in each area should make a careful survey of all regular facilities and a careful study of the possibility of expanding their facilities to handle war casualties. The result of such a study made in Albany Hospital, Albany, N. Y., will be of interest.

Our normal capacity is 600 beds and 56 bassinets. A careful survey disclosed many possibilities for increasing our facilities in order to care for acute war casualty patients, while at the same time serving the normal needs of the community.

Could Add 837 Beds

We could evacuate our 123 tuberculosis patients to state hospitals and take care of 200 acute cases in the space vacated. Two floors of our nurses' home can be converted to care for 70 more acute cases. Our eighth floor clubrooms and two of the three floors of our out-patient clinics can be converted to accommodate 90 patients. We, therefore, have a total of 360 additional beds for use if an emergency necessitates such an expansion. This would result in an 837 bed general acute hospital with no added building program.

We estimate that an expenditure of approximately $110,000 for new equipment, plus $25,000 for structural changes, would be necessary to provide these added facilities. Our own hospital would be unable to finance this job and I suspect that most voluntary hospitals would be similarly troubled. Governmental aid would be essential.

According to information given us by the surgeon general, civilian hospitals will probably not be used for military purposes. We believe, however, that all hospitals must be ready to handle war casualties from the civilian population.

Among the preparations that voluntary and public hospitals should make for possible war emergencies are the following:

1. Study the available supply of technicians of all kinds now employed and the number in training in each geographic area. Any hospital that has facilities for teaching x-ray and laboratory technicians should start training one or two extra technicians to assure an ample supply of well-trained people for Army hospitals and, in addition, to take care of the inevitable increase in the load on our voluntary and public general hospitals. Probably, governmental financial aid will, in some instances, have to be obtained.

2. Study ways and means to increase enrollment of student nurses if the hospital is conducting a nursing school. We must, however, make sure that enrollment is not increased beyond our ability to graduate thoroughly competent nurses. Many voluntary hospitals, operating as they do under precarious and difficult financial situations, will undoubtedly need financial aid to increase the size of their schools of nursing.

3. Study ways and means to increase the use of nurse aids and other types of nonprofessional nursing employes. This, of course, is to release professional nurses for the more urgent needs of acute patient care.

4. Study carefully the facilities necessary to give adequate care with no waste of the nurses' time or energy in drawing plans for emergency increase of bed capacity. Sudden expansion means fewer nurses to care for more patients; hence, conservation of nurses' time through proper physical layouts is essential.

5. Cooperate with county medical societies in preparing lists of physicians available for war duty. We must also cooperate by urging certain of our staff men to join the medical corps reserve. It must be remembered, however, that modern aerial warfare is resulting in far more casualties among the civilian population than among the military groups. It follows, therefore, that our civilian hospitals, as has been the case in England, will bear the brunt of war casualties. We must not allow our staffs to be depleted by wildly enthusiastic and needless enlistments.

6. Start working immediately with local draft boards to convince them that medical students, interns, residents, laboratory technicians and others of the hospital personnel are essential for duty at home and should be placed on the deferred lists for draft.

Payment for Care of Indigents

7. Work out with local and state welfare departments and governmental units proper and fair rates of payments for relief clients and indigent patients so that the financial resources of our voluntary hospitals will not be too seriously depleted.

War casualties will mean an even greater load. Even though we are never called on to handle such a load, the inevitable reaction from the war boom in industry will create a wave of unemployment with its attendant charity load on our hospitals.

8. Make a careful study of all jobs in the hospital to determine where women and older men can be used to replace the younger men who may be called to the service.

9. Cooperate with local nursing organizations in listing all nurses living in the community who are not working at present but who might be available in an emergency. Work out refresher courses for these women to prepare them for active hospital duty.

10. Last, but by no means least, play an active part in the mental and physical preparation of our people to assume their proper rôle in our defense program.

Mr. Jones is administrator, Albany Hospital, Albany, N. Y. Abstracted from paper read at the American College of Surgeons meeting, 1940.

If Epidemic Strikes—

Will Hospitals Be Prepared?

JOSEPH C. DOANE, M.D.

THERE is no more severe test of human initiative and community and hospital flexibility than that which arises when disease sweeps through a community, a state or a nation in epidemic form. It would be well, therefore, for the hospital field to develop a state of mental preparedness, at least, that would obviate many of the distressing mistakes made during the influenza epidemic 22 years ago. These mistakes were often the result of panic, the intensity of which can hardly be imagined by a newer generation that did not live through those terrible days of September, October and November in 1918.

In late September 1918 a disease began to appear on the Eastern, Western and Southern seaboards of the United States that was highly contagious and displayed a strong tendency to strike down the robust and to spare the young and the very old. On the fringes of the United States its mortality approached 35 per cent, the virulence of the disease waning as it spread inland. It defied the usual preventive measures applied to contagion and invaded isolated institutions, no matter how carefully lines were drawn in an effort to separate them from the outside world.

It created a state of panic that produced most bizarre, unreasoning and ineffectual reactions on the part of the public. It crowded voluntary and public institutions to such a degree that all routine broke down and patients were deprived of the services of a large percentage of their medical, nursing and other personnel because they, too, became ill. It struck at the points in which hospitals were the most vulnerable and at a time when many of their staffs, both medical and nursing, were serving in a military capacity. It came when the world was smitten by the scourge of war, when men were huddled into military camps so that an ideal state was created for the transference of this disease from the sick to the well. That conditions throughout the world now seem similar to those of 1918 must be patent to all. That the interval between the last epidemic and the present is roughly of the same length as that separating others will also be realized when it is stated that this country has experienced four great epidemics in the past century: from 1830 to 1833, 1847 to 1848, 1889 to 1892 and 1918 to 1920. These intervals represent periods of 17, 40 and 26 years, respectively. Now twenty-

Could hospitals avoid the tragic mistakes of 1918 if another influenza epidemic were to sweep the country? History's habit of repeating itself makes Doctor Doane's suggestions for handling such a dangerous situation particularly helpful and timely

two years have elapsed since the last appearance of epidemic influenza; a great war is in progress; sanitary lines have been broken down, and a new generation of nonimmunes exists.

It is not my intention to appear as an alarmist or, on the other hand, to appeal solely to a historical interest. Rather, it seems wise to point to the need of giving some forethought to the basic procedures that should be adopted by the public and the hospital if an epidemic of any type arises.

The term "influenza" has been loosely applied to many mild upper respiratory conditions, such as bronchitis and head colds, which incapacitate the victim temporarily but which have no mortality. In 1889, Pfeiffer studied an epidemic then in progress and announced the specific cause as the Bacillus influenzae. Since then many observers have not been entirely satisfied that this very minute organism is solely responsible for the condition known as "epidemic influenza" although it can be isolated from the nose and throat secretions and is also found in the blood and the lungs of a large percentage of patients suffering with the disease.

Many persons believe that the cause of this condition is not a bacterium at all but a virus or poison that is capable of passing through a fine porcelain filter. We do know, however, that the time between exposure to the disease and the appearance of the first symptoms is short, probably a matter of hours or, at the most, a day or two, and that it undoubtedly gains entrance to the body through the nose and throat.

It is, of course, important for hospital administrators, medical or nonmedical, to realize how epidemic diseases spread in order intelligently to assist the medical staff in combating them. The experiences of one large institution during the fall of 1918 may, therefore, be of interest. This description is but a composite of the experiences of all other hospitals which were then called upon to do their part in the protection of public health and the preservation of human life.

In a large municipal institution of 1800 beds the first case of influenza was received on Sept. 27, 1918. Daily thereafter for eight weeks they came first in dozens, then in scores, then in hundreds. In this time 1638 cases were admitted of whom 524 died, 60 expiring within twenty-four hours after admission. At the height of the epidemic 453 patients were brought

to the hospital in one day in every type of conveyance from a huckster's cart to an expensive liveried limousine. Ward after ward was opened and before nurses could prepare beds for the reception of patients, the occupants therefor were waiting at the ward door.

In the same institution in the previous year 108 cases of diagnosed influenza were admitted without a single death, showing either that cases of mild grippe or bronchitis were incorrectly called influenza or that the disease, if it was influenza, was unusually mild.

Type of Beds Needed

As to the type of beds which a hospital must have ready to meet an epidemic, something may be inferred from the statement that of the 1638 cases admitted, 1049 were men, 396 were women and 193 were children. There were, therefore, about four times as many beds needed for men as for women and about one seventh as many beds for children as for adults. This ratio might not hold for another epidemic, but it is set down as an interesting sidelight on the situation.

Of the 524 patients who died, 36 were less than 10 years of age, 49 less than 20 years old, 175 between 20 and 30, 143 between 30 and 40, 59 between 40 and 50 and 55 between 50 and 80. Of this number 11 were nurses, one was a resident physician and one was the chief dietitian of the hospital.

From these statements one may conclude that all that would be required to create a conflagration that would disrupt the whole hospital field in a twinkling would be the presence of a susceptible community group and a virulent influenza organism or virus. In 1918 the virulence of the influenza organism was raised to an unbelievable height by its transference in European soldier camps from the susceptible to the still more susceptible until, when the disease reached the seaboard of the United States, it swept through our population like a great consuming fire.

Arrangements must, of course, be made early in the presence of contagion for the care of sick employes in order to accelerate their speedy recovery and return to duty. The sickly and under par should be assigned to duties away from closed wards. Plans for reserve personnel should be laid. Frequently, such help may come from Sisters of Charity, Boy Scout groups or even, for heavy work, from prisons for short-term offenders. The part played by the Sisters of Charity in 1918 cannot be too highly praised. Many lay and religious groups quickly organized service registers from which were obtained all types of hospital help, such as cooks, waiters, orderlies, firemen, elevator operators and even nurses who had retired from active work. The hospital administrator would do well to remember that should he find himself confronted with an epidemic, his first concern should be to organize help from without.

Hospital Picture Changes

In times of emergency, wards for the chronically ill or for elective surgical or medical patients can be vacated in favor of those more acutely ill. Moreover, the whole complexion of the hospital population changes when a panic caused by unexplained disease confronts a community. Beds which today are occupied by the subacute or the chronic disease patient will be vacated when epidemic comes and, hence, a hospital that is moderately filled now will then be available to an unexpected degree for influenza or other cases.

It would be better, if possible, to vacate a whole building and devote it to the purpose of organizing an emergency hospital. Nursing ratios normally may vary from one nurse to three, four or five patients. In times of epidemic it would be fortunate if one nurse to 20 or even 50 patients were available. It is surprising, however, how much can be done for the comfort of patients when all are suffering from the same illness. Many will recall seeing a water cooler filled with a potassium citrate solution of 15 grains to 6 ounces from which medication was administered at a rate of 50 glasses to the tray.

The loan of tents and cots may be obtained from the government. Calm judgment, which should be inherent in a good administrator, will avoid the purchase from emergency funds of needles and expensive equipment.

The wearing of masks even today is reminiscent of the practices of 1918. No doubt, the mask at least constantly reminded the wearer of the fact that he was in a contagious atmosphere. The influenza organism, however, being of such minute dimensions, was hardly prevented from passing through its spaces except by the moisture to which it adhered.

In such times the care of the dead presents a troublesome and distressing problem. Not only was identification often difficult but the tracing of responsible relatives and friends was usually impossible. Emergency burying grounds were frequently employed and records were so inaccurately kept that later identification was extremely troublesome and often the ingenuity of the executive was taxed to the utmost to find storage space for the needs that arose almost overnight.

The measure of a good hospital is the speed and certainty with which it arises to an emergency. In a lesser degree, institutions are now feeling the pinch of providing efficient personnel when army camps, draft boards and the increased wages of industry beckon.

Outlook Is More Hopeful

The outlook toward meeting such a catastrophe as an influenza epidemic is but little brighter today than it was in 1918. There is still no specific remedy for the disease. Little is yet known as to whether the sulfanilamide group of remedies will be effective in the face of epidemic influenza, although they may prove to be the agents that will lower mortality and morbidity. However, blood transfusion technic has been developed in the last twenty years; doctors and nurses are better trained; hospital executives have pointed more toward administrative work than was the case 20 years ago. All of these are hopeful factors and it is possible that even in the presence of a devastating epidemic and of community panic the mistakes that were made in 1918 may, in a measure at least, be avoided.

Strengthening the Staff—
An Open Letter to Small Hospitals

ROBIN C. BUERKI, M.D.

"I am running a 50 bed small general community hospital. We are having a dickens of a time preventing our doctors from doing surgery that is beyond their ability. They all think they can operate in a small rural hospital even though some of them have had no special training in surgery beyond a rotating internship. Also, we would like to improve our medical service by having interns, but the A.M.A. says we haven't enough teaching material or facilities. What do you recommend for us?"

YOU raise a question which has assumed increasing importance in the past few years, not only in the eyes of the hospital administrators but also in the minds of the thoughtful staff members as well. One or two specific instances might suggest possible solutions.

Recently, a doctor visited me on behalf of the medical staff of a 40 bed community hospital in a near-by agricultural state. The doctors on this staff had all been doing some major surgery but had come to the conclusion that their own best interests and the welfare of patients would be better served if they brought to the community a young man trained through a long residency in general surgery and certified as competent by the American Board of Surgery. It was understood that he would act as a consultant only and that the staff members would refer to him all major surgery.

Such an arrangement, they believed, would provide better surgical treatment for their patients and thus induce a larger number of the people of their community to turn to the local hospital for all of their needs.

A few years ago in another state in this same region, all of the doctors in a small town decided that the interests of the patients would be best served by men qualified in the special fields. Accordingly, after several meetings, each one agreed to qualify himself in some one specialty and to limit his practice to that field alone.

In order to make it easier for the doctors to get away for further study, as well as to facilitate pooling of professional knowledge, they organized themselves into a group clinic that automatically became the medical staff of the hospital. As a result, not only this community but the surrounding smaller towns and farming area have for several years received services of unusual quality. Today this group has grown in size and continues to serve the community in a most satisfactory manner. The services offered by the hospital are outstanding.

The various specialty boards are certifying men who are competent in their respective specialties and who limit their practice to these fields. Particularly because of the latter requirement, which today excludes many competent men in the smaller communities, most of these certified specialists are still to be found only in the larger cities. With the increase in the number of long residencies in the specialties, however, there will be an increasing number of certified men seeking opportunities in the smaller communities.

I heartily agree with the statement of the council on medical education and hospitals of the American Medical Association that internships should not be established in those smaller hospitals that lack adequate facilities and patients suitable for teaching purposes. However, I also agree with your staff that a full-time resident house officer would improve the care of patients and would safeguard the hospital and the medical staff, especially in times of emergency.

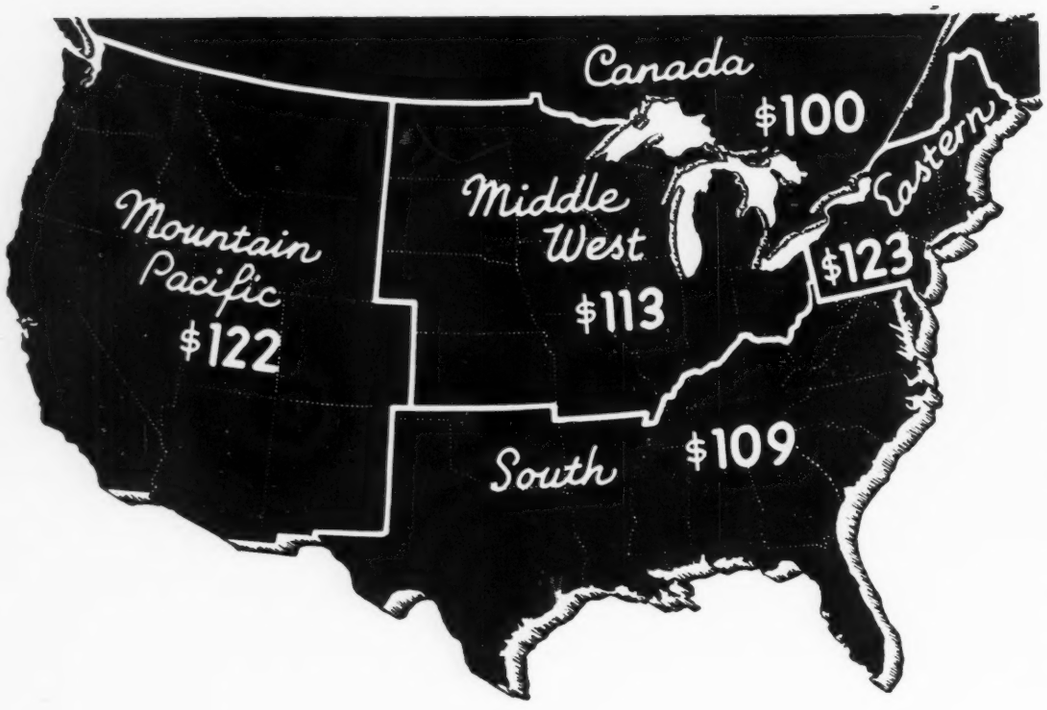
You might well consider the appointment as house officer of a young man who has completed an internship but who wishes further experience before entering general practice. You need not set up educational opportunities such as ought to be provided for a young man who is taking a residency in one of the specialties. Because of his past training, he will be able to do nearly as much work as two interns and, therefore, should be paid the equivalent in salary and maintenance.

First Step in Improving Service

Hospitals that have employed such house officers have solved the problem that arises when the young man desires to settle in the community either by a contract prohibiting this for a certain number of years or by recognizing the value of long acquaintance in picking men for future colleagues.

The first step to be taken by any hospital staff in its desire to improve the quality of medical service in the institution is the organization of the medical staff. When such a staff functions actively, it keeps a constant check upon the quality of its own work and, by so doing, improves the quality of care rendered the patients.

Doctor Buerki is superintendent of Wisconsin General Hospital, Madison.



Only 755 hospitals reported salaries for head nurses. It is probable that in many small hospitals the work of the head nurse is done by the hospital superintendent.

Hospital Salaries— Head Nurses, General Staff Nurses

ALDEN B. MILLS

THE average monthly salary of head nurses in nongovernmental general hospitals of the United States and Canada is $116 and that of floor duty graduate nurses is $101, according to the final tabulations of data compiled in The MODERN HOSPITAL'S salary study.

Head nurses and graduate staff nurses are being considered together this month so as to avoid further delay in publication of the data that were collected last spring. Both figures include a fair value for the maintenance provided by the hospital.

A total of 755 hospitals reported on the salaries of head nurses. There were 1387 hospitals in all that sent in reports that could be tabulated. Probably, many of the 632 hospitals not reporting this figure do not employ head nurses since 343 of the nonreporting institutions have 49 beds or less. The work customarily done by a head nurse may be performed by the superintendent of nurses or by a supervisor.

There were 1273 hospitals reporting on floor duty graduate nurses. This indicates that almost all hospitals now employ one or more such nurses. When a salary range, as for example from $75 to $95, was reported, the midpoint figure was used in the tabulation ($85 in the example cited). While it is realized that this introduces a certain amount of error into the tabulations, there was no practicable way of avoiding this and at the same time keeping the questionnaire sufficiently simple to assure a large and representative volume of replies.

The head nurse in a large hospital may not have any larger responsibilities than the head nurse in a smaller institution, but her salary is usually larger. As will be seen from table 1, the average salary is $108 in hospitals of less than 25 beds and $138 in hospitals of 500 beds and more. In each of the geographic areas, also, there is a progression in salary roughly similar to the increase in size of hospital. The figures for Canada do not show a smooth progression since only 35 schedules could be tabulated.

An interesting comparison with the figures published last month for the nurse supervisors is available. The average monthly incomes for supervisors varied from $113 in hospitals of less than 25 beds to $173 in hospitals of 500 beds and over. Thus, in the small hospitals there was a difference between the head nurse's average salary and that of the supervisor of only $5 but this increased to a difference of $35 in the largest hospitals. Probably in the smaller hospitals there is relatively less difference in the responsibility of the two positions.

The Mountain and Pacific states pay the highest average salaries to head nurses in all classes of hospitals up to 299 beds. There were only five

hospitals of 300 beds or over in this area that sent in data that could be tabulated. The next highest salaries are paid in the Eastern states, which are second from the top for every size of hospital. The lowest salaries are reported from Canada.

The gross averages for the various areas (disregarding differences in size of hospitals) are as follows: Eastern states, $123; Mountain and Pacific states, $122; Middle Western states, $113; Southern states, $109, and Canada, $100. These figures clearly indicate the fact that hospitals tend to be larger in the East than in other sections of the country.

Salaries in Southern and Middle Western hospitals are about the same, except in the two groups of large institutions, namely, from 300 to 499 beds and 500 beds and over. Here the Southern group leaps to the head of the country. The returns, however, are based on only seven hospitals and, therefore, should be utilized with caution.

The greatest range in salaries for head nurses was also reported from the South where one hospital stated that it paid less than $50 to a head nurse, while another reported that it paid more than $200. Also, one hospital in the East and one in the Mountain Pacific area report salaries of more than $200 per month.

Turning now to the floor duty graduate nurse, we find a considerably different situation. The average salaries of these nurses, for whom there are reports from 1273 hospitals, show relatively little difference between the small hospitals and the large ones, except for the hospitals of 500 beds and over. The average for all hospitals of less than 25 beds is $95 per month, as shown in table 2, while the average for hospitals of from 300 to 499 beds is $109 per month, including the value of maintenance.

As is true in the case of head nurses, the Mountain and Pacific states pay the highest salaries to floor duty nurses. This holds for all sizes of hospitals except the smallest and largest groups (for which no data were reported). The Eastern hospitals are again in second place in every category except for the smallest

Table 1—Average Salaries of Head Nurses, 1940

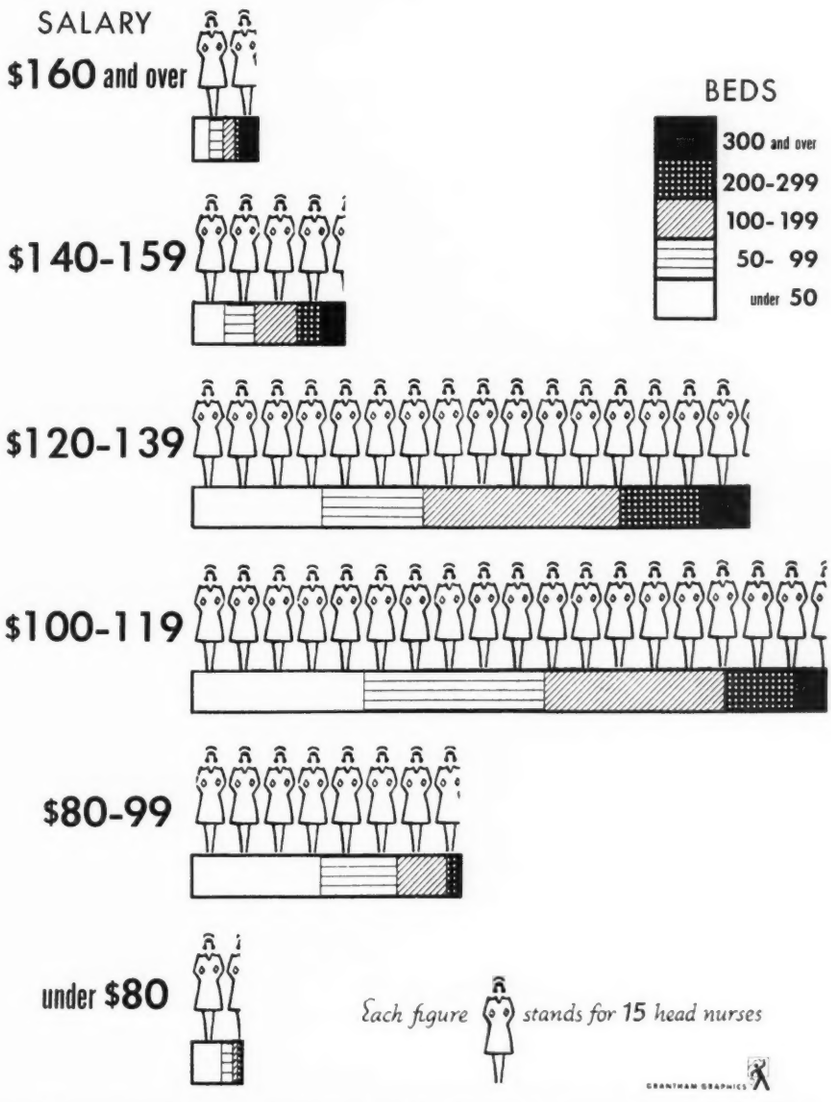
	Size of Hospital						
Area	*Under 25*	*25-49*	*50-99*	*100-199*	*200-299*	*300-499*	*500 and Over*
East	$111	$121	$118	$123	$126	$130	$141
South	101	104	107	113	117	131	156
Mountain-Pacific	115	127	120	126	127	128	...
Middle West	105	104	110	116	119	122	133
Canada	100	87	98	106	116**	115**	112*
Total	108	111	112	118	123	129	138

*Only one report received.
**Only two reports received.

Table 2—Average Salaries of Floor Duty Graduate Nurses, 1940

	Size of Hospital						
Area	*Under 25*	*25-49*	*50-99*	*100-199*	*200-299*	*300-499*	*500 and Over*
East	$110	$106	$104	$109	$110	$107	$124
South	95	96	91	99	98	107	138
Mountain-Pacific	103	113	112	111	122	117	...
Middle West	91	98	97	103	102	106	112
Canada	74	85	85	84	88	106**	98*
Total	95	100	99	104	106	109	117

*Only one report received.
**Only two reports received.

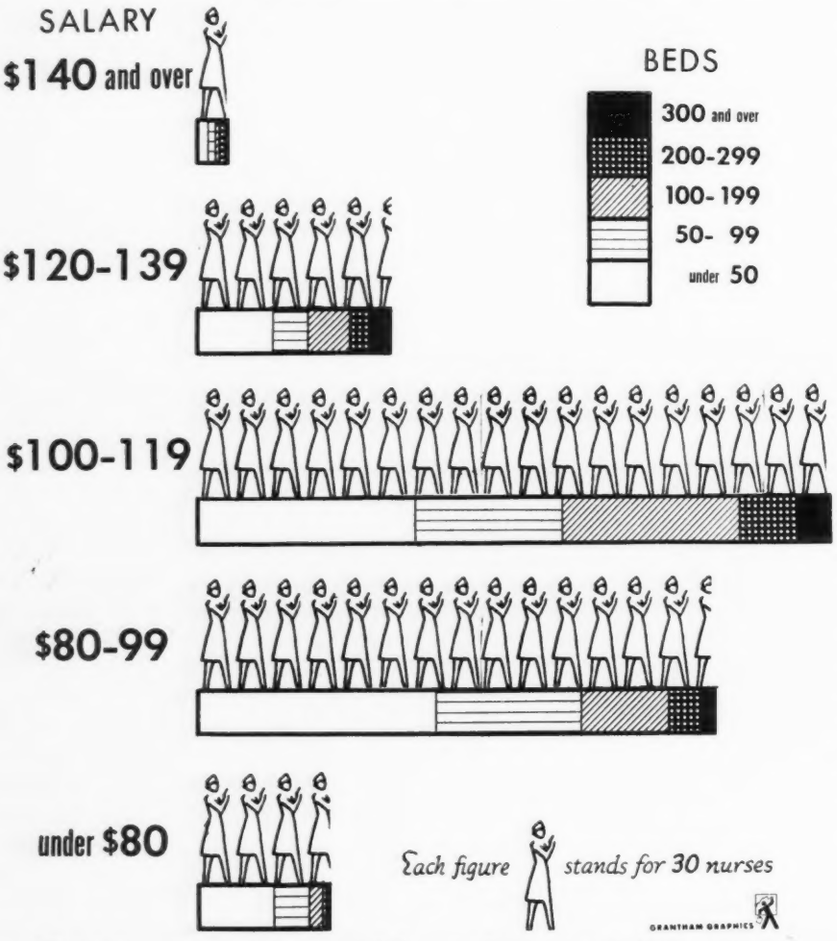


The average salary of head nurses in the United States and Canada is $116.

Reports were received from 1273 hospitals on salaries for general duty graduate nurses. They indicate that the difference in size of salary paid in large and small hospitals is small.

hospitals in which they pay the highest salaries. Canada is lowest in every category in which there are enough returns to be significant and the South and the Middle West are in between in nearly all categories.

It is interesting to note how closely salaries in the South and in the Middle West parallel each other. This is true of many of the other salaries reported in previous studies in this series.



The average salary paid to general duty graduate nurses is $101 per month.

There has been much discussion in hospital circles of the exodus of Canadian nurses to the United States and of the movement of nurses from the Middle West and the South to the East and the Far West. From the data here presented, it is apparent that these migrations, if they can be dignified with so important a name, have followed economic incentives.

In the Small Hospital Forum last month, 26 small hospital superintendents replied to the question: "Are nurses hard to find?" In the Eastern states there were seven who said "No" and only two who said "Yes." In the Mountain and Pacific states there were two who said "No" and one who said "Yes." In the Middle West there were six who said "Yes" (including one who reported no personal difficulty but said that there was a shortage in the city) and four who said "No." In the South, curiously enough, only one reported a shortage and three hospitals said there was no shortage. No answers were received from Canada.

In general, as far as these limited data indicate, the nurse shortage seems to be most marked in the Middle West where salaries are low.

Mechanical Aids to Purchasing

J. A. KATZIVE, M.D.

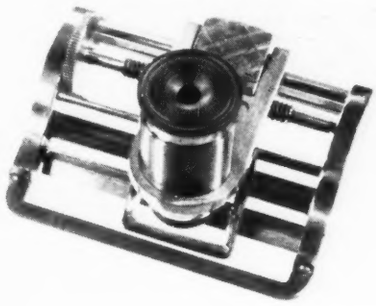
THE assistant director in charge of purchasing at Mount Sinai Hospital, New York, has found it advantageous to employ a number of simple mechanical aids in addition to the five senses. Judicious use of these mechanical aids will enable a person to buy more intelligently and to assure himself that he is receiving material as specified. A few of these aids and some of their applications are described as follows. Other uses will undoubtedly come to mind.

Strainoscope: This instrument enables one to detect strains in glassware by means of polaroid lenses. The strains are revealed in the form of colored bands or rainbow-hued rings. The presence of these rings indicates that the glassware (syringes, test tubes, petri dishes, graduates and similar laboratory equipment) has not been properly annealed and that any sudden change in temperature or sudden sharp blow will result in breakage at these particular points, and that it will not withstand sterilization well. The strainoscope is relatively inexpensive and will more than pay for itself in the long run.

Thread Counter: There are a number of types of thread counters ranging from the simple inch-square with graduated margins to the more elaborate apparatus with magnifying lenses, pointers and micrometer readings.

The relative strength and wearing quality of linen and fabrics may be determined with the aid of this counter and it will enable the buyer to make his choice on the basis of quality as well as price.

Paper Gauge: One need not guess at the thickness and weight of paper.



Left: A strainoscope for detecting flaws in glassware. Above: One of the more elaborate types of thread counter, equipped with magnifying lens and micrometer. Right: Calipers can be used to determine measurements of such items as test tubes.

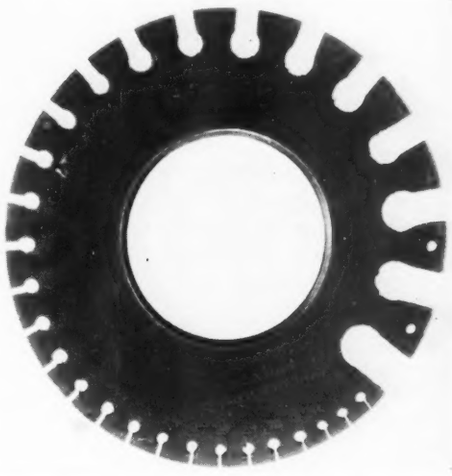
Quotations are usually based on weight as well as on quantity and, while we soon learn from experience to judge paper by its feel, there have been occasions when certain finishes of paper materials have proved misleading.

Generally speaking, the standard weights of papers have standard thicknesses and by means of the paper gauge we are able to determine the weight of the paper under consideration. However, various classifications of paper, such as bond, kraft, index, onion skin and others, have their standard weights within their divisions. For example, bond paper, basis 17 by 22 inch sheets (500 sheets to the ream) with a reading of 4 points on our gauge will weigh 24 pounds, whereas 480 sheets of kraft paper, 24 by 36 inches, also reading 4 points, will weigh 30 pounds. Since there was no scale available on the market that would enable us to interpret the readings on the paper gauge, it was necessary to prepare a scale based on our own observations.*

Calipers: The diameter, depth and wall thickness of such objects as test tubes, which are not readily measured with an ordinary ruler, can easily be determined with calipers. These calipers graduated in either inches or centimeters or both, as desired, will measure the inside as well as the outside diameter. Calipers can also be used as a regular linear scale for small objects.

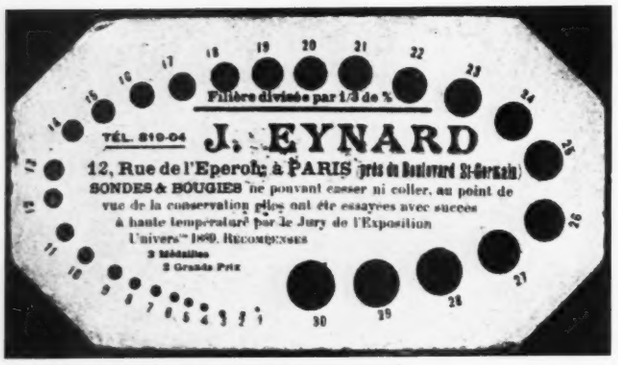
Wire Gauge: This handy steel device may be used to identify the gauge of hypodermic needles and wire pins, as well as the gauge or thickness of flatware and sheet metals. However, one must first determine whether an English or an American scale is being employed.

*This scale and a scale of standard form sizes will appear in the 1941 edition of The *Hospital Yearbook*.



An English standard wire gauge.

Doctor Katzive is assistant director, Mount Sinai, New York.



Above, left: Catheter gauges serve as guides in ordering replacements. Below, left: A household scale has innumerable uses in the hospital.

Catheter Gauge: The size marks on catheters are frequently worn off so that when they are submitted as samples for replacement or as guides in placing orders, a gauge is extremely helpful. It can usually be obtained from the catheter manufacturer or dealer.

Magnifying Lens: The uses of a small magnifying lens are obvious but, nevertheless, I should like to add that we have found such a hand glass valuable for identifying manufacturers' names, sizes and serial numbers, as well as flaws too small to be seen with the naked eye. We have found it particularly helpful in the purchase of leather goods in which top grain leather is specified. Under the lens, top grain leather will show numerous craterlike structures which were formerly the hair follicles. These are found only in the epidermis and not in the subcutaneous or underlying tissue. After the top layer is stripped off, the underlying portions of the hide are stripped further and are, therefore, designated as stripped leather. In cross section, if the top grain has not been removed, it can easily be identified as a distinct layer overlying the subcutaneous tissue.

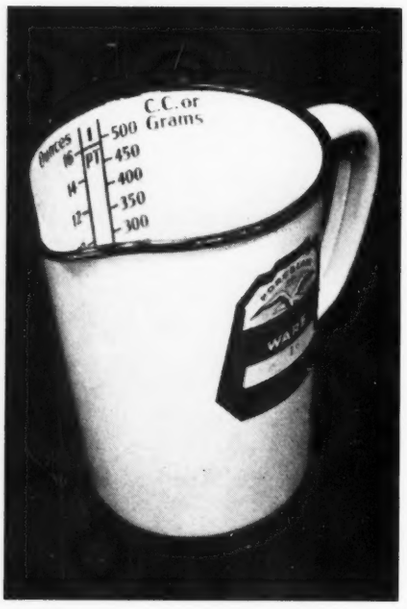
Household Scale: We have found frequent use for a household scale when we are considering the purchase of wool blankets, linens and paper supplies. In addition to the manufacturing cost of blankets, the wool content is an important factor in the cost price, so that a scale is of value in determining the wool content by weight for a given size blanket.

While hospital linens may meet the specifications as to thread count, the thickness of the thread and amount of starch or sizing used can best be determined by means of such a scale. The amount of sizing used can be determined by weighing linens of a given size before and after laundering. Any further discrepancies in weight must then be attributed to the thickness of the thread used.

As we have seen, certain sizes of paper will have definite weights per ream for that particular classification, so that one can determine fairly accurately by means of the weighing scale whether a package contains a full ream of 480 or 500 sheets.

Graduates: A graduate, either glass or enamel, marked in ounces or cubic centimeters is much in use at Mount Sinai Hospital to determine the capacity of unmarked utensils, water bottles, tumblers and jars of various shapes and sizes. It has enabled the buyer to give more definite specifications on his orders.

The items that follow should perhaps be listed as physical rather than mechanical aids. They have proved to be extremely helpful in examining, comparing and testing the quality of materials under consideration.



An enamelware graduate to determine the capacity of utensils.

Litmus Paper: The acidity or alkalinity of various soap and cleaning solutions may be determined by means of litmus paper. The presence of caustics may be objectionable and detrimental to wood, floor and paint finishes.

Wet Tissue Paper: Wet tissue paper may be used to determine the degree of sharpness of scissors, biopsy punches and other cutting instruments since it most closely resembles human tissue.

Mineral Oil: In addition to its lubricating properties, mineral oil is useful in rendering opaque ground glass translucent. This is necessary in the examination of syringes by means of the strainoscope.

Ink: Ink has been helpful in determining the comparative degree of absorbability of paper towels, toilet tissue and absorbent surgical pads. The spread of a drop of ink as it is absorbed, by virtue of its color, can be more readily observed than the spread of clear water.

Miscellaneous: Occasionally various pieces of apparatus and instruments are brought to the purchasing office to be sent out for repair. Many of these require slight adjustment or tightening of a screw. We have found a pair of pliers, a screw driver or even a knife helpful in making these adjustments without the necessity of returning them to the manufacturer.

Choose the Right Receptionist

EULA V. EMMONS

"MY FIRST impression was the right one; I should have followed it." How many times have you heard this remark? Does it give rise in your thoughts to the kind of first impressions you are creating?

The initial, and many times the final, point of contact between your hospital and the public is your receptionist. The services she performs are more or less those of a middle man. She serves you in the hospital, as well as the general public. Primarily, her allegiance is to the hospital but, to serve it creditably, she must "sell" the institution to the people she contacts. Her ability to do this will depend to a large extent upon the cooperation she receives from the staff members.

Tact and Sympathy Needed

The hospital is an institution for public service. This service is offered chiefly to the sick, the wounded, the dying or the convalescent. In all of these categories, the subject needs additional help and understanding. Visitors, awed by the atmosphere of sickness and fearing ill tidings, are oftentimes distraught and need more than ordinary instructions. If the receptionist is to cope successfully with such difficulties she must be an individual who can rise to emergencies and yet not frown on seemingly trivial questions. An important thing to keep in mind is the far-reaching influence her actions may have. The memories of being curtly received rankle for a long while and, if there is ever a choice to be made, the hospital that has shown the most courtesy and efficiency will naturally be the favored one.

In far too many instances, hospitals have no receptionist worthy of the name. Someone, to be sure, is the buffer. It is likely to be the switchboard operator who, in a busy institution, has but little time or inclination to put a smile in her voice or manner. Perhaps it may be a probationer behind a swinging glass door, who is learning all phases of hospital work or giving an hour of her off hours. It may be a harried nurse drafted to fill in, and it has been known to devolve upon the obliging janitor, whose noncommittal grunts have too often betrayed his ignorance and the hospital's unpreparedness.

Mrs. Emmons is receptionist at Standard Oil Company of New Jersey, New York.

It Does Make a Difference

Let us get away from the idea that it makes no difference what kind of a person you have as a receptionist. That is as out of date as the horse and buggy. More than ever before, receptionists are considered a criterion of what one may find behind the scenes. Irreparable damage may be done by placing some individual with no training or tact and with no aptitude for this type of work in the position of meeting the public—the people you are depending upon for maintenance.

Choose your receptionist! Consider her ability to represent you carefully. Can you unreservedly depend upon her discretion to handle the situations that arise in dealing with the public? Has she the intelligence and poise to talk with professional men whose time demands concise and accurate information? Does she know when to drop that manner and be understanding and human enough to reach the individual who has no education but who can be reached by kindly deeds—just carrying a bag to the elevator or a child for a wearied mother or, perhaps, just taking the time to understand a problem presented by a harassed individual.

Outlining the duties of a receptionist is all but impossible. They are made up of too many intangibles. The job is knowing when and what to do and being equipped to do it without fumbling. I dare say that only the person who has an innate love for working with people and the public can be successful.

Thought seems to have been given primarily to the physical ailments of an individual. The mental or spiritual side has been subjugated to the physical or has not been considered of enough importance to be given any attention. Gradually, however, physicians have discovered that the mental state of a patient has an important bearing on his physical state and are now beginning to look into different conditions that might produce a favorable mental reaction. Choosing the right receptionist is a splendid beginning. Giving out information is not enough; being efficient is not enough. They are fundamental requisites but they need that "little leaven" that reaches the hearts of the people with whom one is dealing. Some call it personality; some call it soul. By whatever name, seek an individual who expresses this gift.

If possible, try to choose a person who can be depended upon to stay with you. She becomes an integral part of your organization and, as she proves herself, is accepted as such. She radiates a charm that creates good will not confined to the four walls surrounding her. Word passes quickly of the treatment one receives and it is well to see that the memories are kindly ones.

It is the exception for a hospital to be able to operate without the benefit of public gifts. Other than by direct solicitation, these are prompted by friends or by gratitude for services rendered to individuals. It would be unfortunate to have any such benefits curtailed by a misunderstanding receptionist.

Staff Must Cooperate

We have mentioned before the importance of the cooperation of staff members. Do not embarrass your receptionist by refusing her the information necessary to act efficiently. Inefficiency in any employe reflects against the institution. Information as to the whereabouts of the staff members, up-to-the-minute data on the status of patients and instructions as to how certain routines should be handled should be given.

A well-organized hospital will have a well-informed receptionist. This position has too many potentialities to be overlooked by an alert administrator. To help her to be familiar with the kind of problems she is meeting daily, why not invite her to participate in the administrative staff meetings so that she can keep abreast of changing conditions by first-hand information? So many misunderstandings come about, so many important features are sidestepped, merely because a number of people, who are only partially acquainted with facts are trying to relay messages. To be sure of the information you receive, there is no better way to obtain it than by consulting the individual who is actually coping with those problems. It may be quite an innovation and one you feel reluctant to make but it will have worth-while results.

The receptionist should be seated at an open, spacious and unlittered desk, immediately opposite or at one side of the main entrance to the hospital. In no instance should she be hidden behind a partition or where her welcome will be interrupted by discussions of patients' illnesses, arguments regarding the payment of bills or other distracting influences. A telephone that is connected with all inside telephones, with one or two outside connections for the exclusive use of the receptionist, should be convenient to her. Comfortable chairs should be placed near the receptionist's desk and an anteroom with further seating accommodations should be close at hand.

It should be the especial care of the receptionist to see that all persons entering should be directed at once to their proper destination. No inquiry should be beneath her notice and each should be attended to with good nature, an unraised voice and an interested manner.

Records should be made of all telephone calls regarding the condition of the patients and answers should be transmitted only after the caller's identity has been learned. Personal visitors should be registered by her also unless suitable records are made elsewhere.

Receptionists must be especially alert to explain the circumstances in instances when visitors cannot be admitted. Reference must be made by house telephone to the floor superintendent or nurse in charge and explicit reports should be rendered as far as is possible to allay the worry of inquiring relatives and friends. Convalescing patients appreciate knowledge of well-wishers' calls and unexciting messages should be delivered without delay.

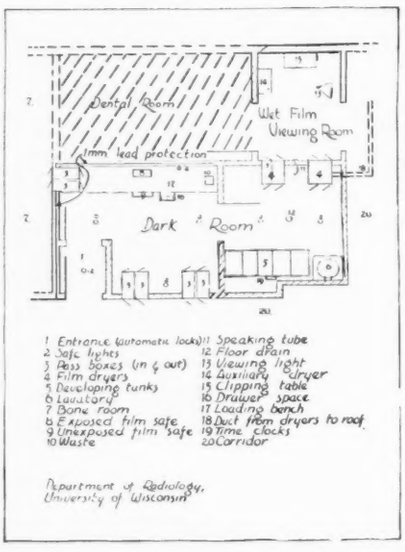
The receptionist should be sufficiently informed regarding hospital policies to handle all complaints of a minor nature and she should report serious infractions to the proper officer at once. When messengers or guides are employed they should be under her supervision. A register for visiting doctors and graduate nurses in which they must register in and out, together with their exact whereabouts while in the hospital, is of great assistance.

In looking for the perfect receptionist, no specific rule can be followed. Naturally she should make a good appearance, speak with a pleasing voice, conduct herself with poise and be able to converse easily with people. For hospital work, she should know how to handle minor illnesses.

Age should be a minor factor; especially so, if one is fortunate enough to find a person gifted for this work. Look through your own hospital—there may be someone there who is perfectly suited for this position, someone who would be much happier than in the work she is now doing. At any rate, take the time and the effort to choose as your receptionist an individual to whom you can point with pride as an employe and as a representative for your hospital. Her work should yield you a truly rich harvest in public good will.

Design of a Darkroom

THE darkroom of McArdle Memorial Laboratory at Wisconsin General Hospital, Madison, is divided into a "dry" part and a "wet" part. Instead of a maze, which requires considerable floor space, a light trap has been arranged with electrically interlocked doors. This means that if one door is open the other cannot be opened, thus preventing the accidental entrance of light. To facilitate the passage of supplies there is a switch that disconnects the interlocks so that both doors can remain open as long as necessary. Pass boxes with "in" and "out" divisions are conveniently arranged to permit the passage of cassettes without entering the darkroom.

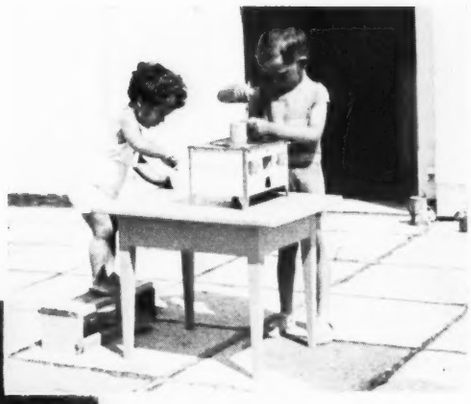


A similar principle is used to facilitate the viewing of wet films without entering the darkroom and without removing the wet films from the wet film viewing room. The dryers have doors on both sides opening into the darkroom and into the vestibule. A speaking tube permits the technician to call for a certain film; this can then be removed from the drawer on the wet film viewing room side. The switches for white light are on the far side of the two darkrooms so that no one entering can accidentally turn them on.

A red pilot light placed on either side of the separating wall indicates that the white lights are on, thus preventing the accidental opening of the connecting door if the other side is darkened. The arrangement of the equipment is indicated on the accompanying sketch.—E. A. POHLE, M.D., *director, McArdle Memorial Laboratory, Madison, Wis.*

A Room of Their Own

ELSA NEUSTADT



Left: Bobby and Esther set up a bakery out on the sun deck and make a pie. Above: Esther brushes her teeth.

Left: An occupational therapy room for children equipped with special child-size chairs and tables.

EVERY children's hospital should have a room devoted to occupational therapy. This should be large, bright and full of sunshine and, if possible, should have direct access to a garden. Furniture and all equipment should be proportioned to the use of children. Not only tables and chairs, but cupboards, pictures, doorknobs and windows should be small and low. Brooms, brushes and buckets similarly sized should be available. The children themselves should feel free to do as they please in their own room and to conduct their own affairs. No one need tell them to pay attention or to keep quiet or to do this and not to do that.

In a room of this sort, groups of children sit on bright chairs before shining tables to draw or write. The form and color of the furniture are so pleasing that the children are usually quite ready to take care of the cleanliness of the place.

For clothing they may wear bright colored smocks or shirts with fastenings in front so that the wearers may dress themselves.

Near the window one might see a 3 year old boy watering the plants on the sill. A little girl with sleeves rolled up and wearing a professional rubber apron mops the floor with all her might. Near the aquarium a small mathematician is wrestling with a problem in calculation, aided by wooden counting bars. When asked to aid a few companions in setting the table, he refuses indignantly, preferring to continue with addition. However, others are found to help and in a corner of the next room they lay the cloth, set out table silver and napkins and arrange the plates.

Small plates, real china, small basins for washing dishes and all other necessary equipment must be available. A small stove is a great help; with it, the less involved procedures in cooking can be performed by the children themselves. Beating eggs, whipping cream and preparing salads are occupations which children enjoy and in which they are likely to forget physical pain or handicap. Often the exercise obtained in this way is much more pleasant and, therefore, more conscientiously carried out than the stereotyped exercises customarily prescribed after injury or surgical operation. Here the exercise is a side effect of a main activity instead of an end in itself.

The activity can also be of considerable use to the child. Thus he may be taught to use matches. A child who knows nothing of matches and accidentally finds one may do a great deal of harm but one who has been taught the uses of matches and their dangers will use them well.

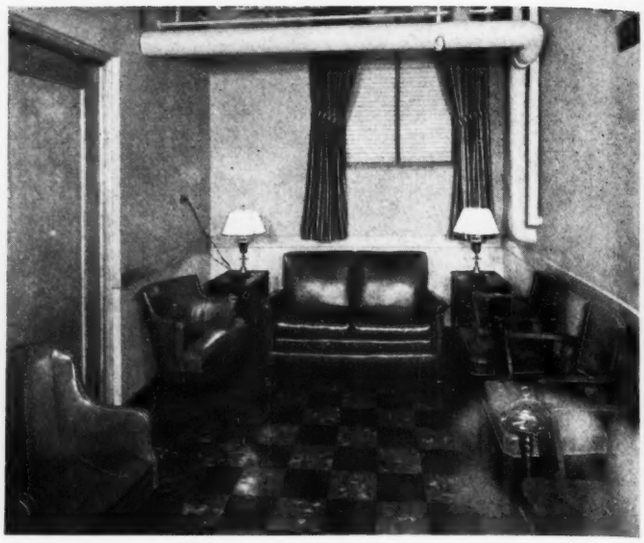
Children convalescing from an infection, such as scarlet fever, who are kept confined because of contagion or fear of complications may be given work suitable for them if the proper material is on hand. A trained supervisor and abundant supplies make it possible for the children to be occupied and happy instead of whining and querulous. Drawing, water color painting, basket work, pottery making, modeling, strapping and similar pursuits are both amusing and educational. Fine needlework and bead weaving are to be condemned.

Occupation and amusement for children who must lie still in orthopedic beds are more difficult to arrange. However, here music is often a source of joy. Tiny sufferers from bone tuberculosis, with their sad, resigned faces, are in great need of cheer. Many of the works of Haydn, Mozart, Beethoven and the lesser composers are quite understandable even for small children. A phonograph with good records is, therefore, a necessity. Recent advances in the teaching of music make it possible also to teach singing.

Recitation of rhythmic poetry with definite voice modulation is also a good method of amusement. Children do not always get the import of the words—the subject is, therefore, of little importance—but they are much aware of the rhythm.

The author was formerly occupational therapist for sick children at the University Children's Clinic, Vienna.

1 We enter the department here in the only unit common to both diagnostic and therapeutic sections.

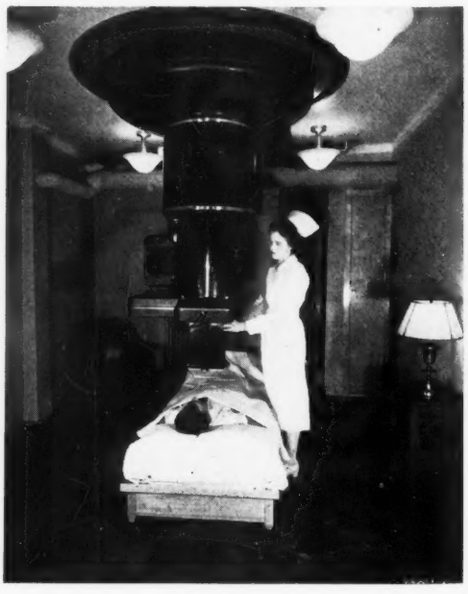


2 If it is diagnostic work we want done at St. John's, we are asked to wait for instructions in this room.

This X-Ray Entirely

Visit to St. John's

5 Here in the viewing room Dr. David Steel, St. John's roentgenologist, examines the films and, from long experience and study, interprets them for our own physician; he may explain them to us.



Outline of Space and Equipment for X-Ray Diagnosis and Therapy

DIAGNOSTIC SECTION

SPACE REQUIREMENTS
- Waiting room
- Film viewing room
- Roentgenologist's office
- Dark room
- High powered radiographic room
- Fluoroscopic room
- Utility room for storing mobile apparatus and accessories

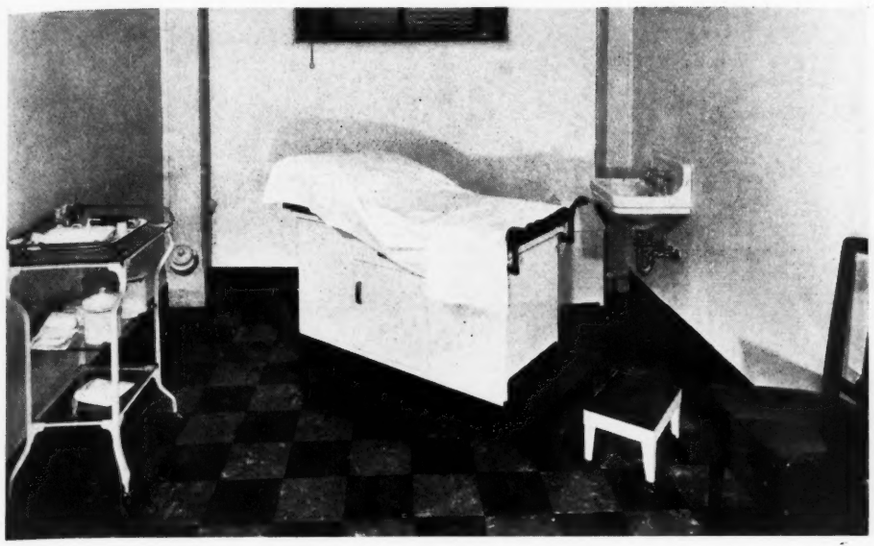
EQUIPMENT FOR HIGH POWERED RADIOGRAPHY ROOM
- 500 ma. x-ray transformer with standard control and impulse timer
- Rotating anode x-ray tube
- Flat Bucky table
- Spot film device

EQUIPMENT FOR FLUOROSCOPIC ROOM
- 350 ma. x-ray transformer
- Combination x-ray table
- Spot film device

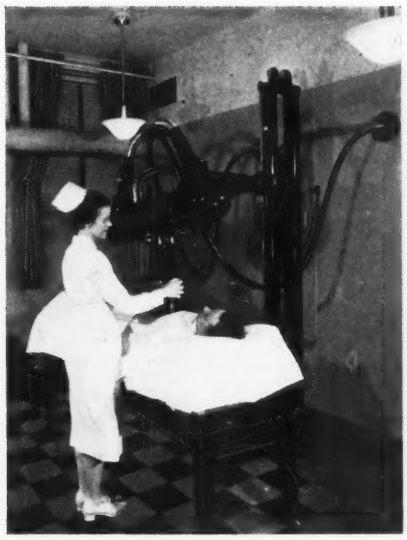
THERAPEUTIC SECTION

SPACE REQUIREMENTS
- Waiting room
- Roentgenologist's office
- Examining room
- Treatment rooms, two
- Control room
- Dressing rooms
- Toilet facilities

EQUIPMENT
- 220 kv. x-ray therapy unit
- Million volt therapy unit



3 Or if we are to report to the therapy section, we stop first at this examination room before we are referred to one of two treatment rooms.



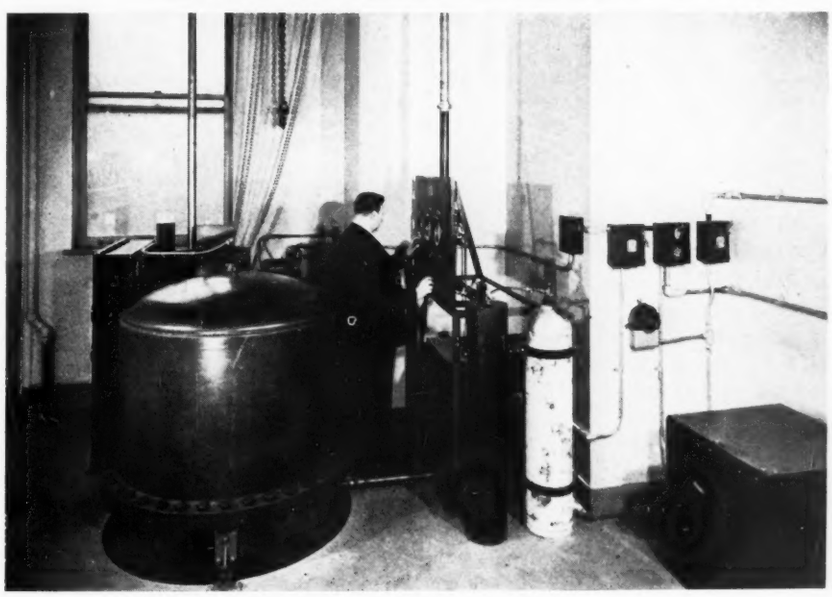
4 Technician Rosemary Gross adjusts the 220,000 volt x-ray unit.

Department Is Modernized

Hospital in Cleveland

6 At the right the technician stands at the controls of the new million volt machine, of which Sister Mary Carmelita, the superintendent, and other members of St. John's staff are so proud. We are comfortable here for the therapeutic section of the x-ray department is air conditioned.

7 Left: Patient is being given a treatment under the million volt machine by the technician.



8 Right: We are permitted to visit the machine room for St. John's million volt x-ray unit.

Literary Clubs for Patients

A New Approach in Mental Hospitals

NATHAN BLACKMAN, M.D.

UNDER present economic conditions the question arises as to how mental patients can be rehabilitated without too great an expenditure of money. In the immediate future the mere task of maintaining our existing plants at running efficiency will become more arduous; sources of revenues will be depleted. It becomes increasingly important to provide an outlet for the patient's energy without at the same time having to increase personnel or expense.

In this connection a literary activity conducted by the patients on a closed ward at Worcester State Hospital, Worcester, Mass., may be of interest.

For the past year a group of 20 or 30 patients has been meeting regularly for the purpose of editing a monthly publication. Although at first the club's purpose was that of a forum for those who wished to write, the patients evolved the idea of contributing to a monthly publication which they named the *Current*.

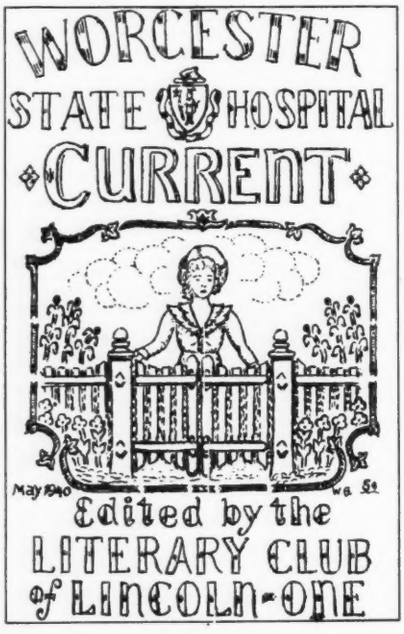
Meetings are held weekly. The members elect the editors and discuss the articles submitted for publication. It was decided to sell the *Current* at 5 cents a copy and to date the club has successfully disposed of about 500 mimeographed copies per month. The paper consists of from 12 to 15 pages of text with colored covers, artistically decorated by one of the patients who serves as the art editor.

Members who have parole privileges are permitted to sell the *Current* to both visitors and employes, who become constant readers. Only contributions by patients are accepted and, usually, only minor editing is necessary.

The names of the editorial board and officers of the club, as well as those of the various contributors, appear in the *Current* without ever having caused any embarrassment. The meetings of the club are run entirely by the members. Although I am referred to as their staff adviser, I have never attended any of the meetings.

The club room assigned to them was furnished from the money realized by the sale of the paper. A radio, dictionary, newspapers and a Book-of-the-Month Club subscription, as well as stationery, cigarets and tobacco, have been bought from the funds which they thus earned.

At first only patients of one ward participated in this activity, but gradually the news of the club spread to the rest of the hospital. Patients from other wards have been taking an increasing part in the work of the club. During the last four or five months women patients have been invited to the meetings and a ladies' auxiliary has been functioning independently on the women's wards.



Some of the meetings have been attended by as many as 40 or 50 patients at a time.

This activity requires no extra outlay or additional supervision. The psychiatrist's activity is kept at a minimium and does not necessitate more than two or three hours a week for unobtrusive guidance of the group. An intelligent nursing staff can stimulate and maintain interest in this activity without sacrificing any of the time needed for the performance of administrative duties.

The income of the organization, though modest, allows the members a degree of independence and permits them to pay for the various things needed for this social activity. For the future it is planned gradually to accumulate a fund out of the profits of the *Current* which will be used for loans to needy patients who are ready to be discharged from the hospital.

We see here an activity conducted by patients that actually contributes to their material well-being. What is even more important, there is an increased feeling of self-esteem by the patients arising from this activity, which is readily shared by the community as well as by the hospital personnel. Aside from the beneficial psychotherapeutic results, it is felt that this self-supporting activity has broad propaganda value in mental hygiene and suggests the desirability of similar ventures on a broader scale.

The fostering of self-expression and initiative in the mental patient is a potent factor in our therapeutic armamentarium. Too often a more elaborate occupational program loses sight of this requisite. In simplifying the occupational approach we may at the same time accentuate the therapeutic benefit.

Doctor Blackman is a member of the staff of Worcester State Hospital, Worcester, Mass. For more detailed description of this activity, see *Journal of Occupational Therapy and Rehabilitation*, October 1940.

SMALL HOSPITAL *Forum*

A REPORT OF A VISIT TO SEVERAL SMALL INSTITUTIONS IN NORTH CENTRAL ILLINOIS DURING THE MONTH OF NOVEMBER 1940

Patients Responsive to Use of Warm Color on Walls, Spread, Curtains

A room with a view, inside and out, is furnished every patient at Sycamore Municipal Hospital, Sycamore, Ill. In summer and fall patients may gaze out their windows at beautiful and venerable trees but, even when the out-of-doors is uninviting, the prospect within is pleasing.

Yellow, turquoise and pink are the predominating wall colors, the color depending upon the exposure. Gold theatrical gauze is used uniformly throughout the house for glass curtains. It survives two years of laundering. Bedside screens are covered with a vertically striped fabric in cheerful tones.

All of the old white bedspreads are being replaced. Recently one young patient burst into tears when a white spread was put on his bed to replace a gaily colored one. He refused to be comforted until the nurse changed it for a colored counterpane.

The superintendent is now engaged in making spreads for the children's beds from a bolt of cheerful block print. It is an Egyptian design with horizontal bands of marching horses and men, so full of life and color that any child will be charmed.

Only Women Serve Dixon Public Hospital as Trustees

The honor of serving on the board of trustees of Dixon Public Hospital, Dixon, Ill., has always been—and will always be—a strictly feminine prerogative. The reason for this somewhat unusual state of affairs is to be found in the will of the philanthropist who left the money to found the institution in 1896. Under the terms of the will, the board is composed of nine women, each representing a different church. They are appointed for a two year term by the mayor of the city. Reappointment is left to the mayor's discretion. The present president has been on the board for twenty-two years.

Another unusual proviso in the will was that no nurse, doctor or doctor's wife can be a trustee.

The founder's advanced ideas as to the place of women in the community have worked out to the satisfaction of all.

Flat Rate for Maternity Patients Has Increased Occupancy in Small Hospitals

Club Finances Orthopedic Clinic

The Gyro Club of Sterling, Ill., a civic organization, underwrites an orthopedic clinic at Sterling Public Hospital three times a year. Some 40 children of Whiteside County are usually rounded up by the public health nurse. These the Gyro club members bring to the hospital in their cars. An orthopedic surgeon from Chicago is in attendance on these occasions. He operates and applies casts.

Music, Movies and Games Invite Sisters at St. Mary's

Piano, organ, radio, phonograph, motion picture projector, books, dominoes, Chinese checkers, card tables, comfortable chairs, even a bowl of polished apples, all these invite the Sisters at St. Mary's, La Salle, Ill., to recreation. A large room, 20 by 40 feet, is given over to the Sisters for their informal entertainment and education.

Movies are shown when funds permit their rental. The films may be educational or they may be entertainment.

Small wonder the Sisters at St. Mary's look so jolly and happy. This comfortable recreation room with plenty of specified times for using it is one reason. Another is the infectious good humor of Sister Febronia, their superintendent. A third is that the Franciscan order to which they are attached believes in spreading happiness, joy, good works and good humor.

Autopsies Reach 66 Per Cent

An autopsy percentage of 66 was last month's record at Woodlawn Hospital, Chicago. The hospital has an autopsy committee with an active chairman. As soon as the postmortem percentages begin to slide a committee meeting is called. To these meetings are invited the interns, charge nurses and two persons from the administrator's office. Nurses and other employes in close contact with the hospital public are accustomed to show extra courtesies to the relatives of critically ill persons. A by-product of these attentions is an increased number of consents for necropsy.

A flat rate for maternity patients—that's one good explanation of the increased hospital census in 1940.

Four of the smaller institutions visited in north central Illinois recently have a special flat rate for these patients.

Morris Hospital, Morris, Ill., (35 beds) could not begin to accommodate the women applying for admission under a $35 rate for ten days. The rate was raised to $40 for the ten days, with little effect on the number applying for admission.

The lowest rate met was $25 for one week and $2 for each additional day, with medicines extra. This applies at Dixon Public Hospital, Dixon, Ill. (60 beds).

At Sterling Public Hospital, Sterling, Ill., (50 beds) there is a $40 rate for ten days, this in a two bed ward.

Sycamore Municipal Hospital, Sycamore, Ill., (25 beds) charges $40 for ten days in the wards; $47.50 for ten days in a two bed room, and $57.50 for private accommodations.

To accommodate the lowest income group Sycamore now has a $25 rate for five days. This is popular with the physicians because they now rarely have to make a home delivery. Moreover, the township makes no objection to paying $25 for charity cases.

The existence of hospital service plans in the community has also brought up the census during 1940, it is the consensus of opinion.

Doctors Fine Themselves for Late Medical Records

Doctors on the staff at Sterling Public Hospital, Sterling, Ill., have been overtaken by their own consciences in the matter of laxity over medical records. They have voted to fine themselves for late or incomplete records.

Whether or not fines have actually been collected, Martina C. Thode, the superintendent, is uncertain but the doctors are more alert than they were in the past. She now reports the procrastinators by name to a staff officer and these names are read at the monthly staff meeting.

SMALL HOSPITAL Forum

Ingenious Use of Space Expands Accommodations of This 25 Bed Hospital

With occupancy soaring the wail of the hospital administrator for space and more space is growing louder by the minute. Some superintendents simply wail and others deal constructively with the situation.

At Sycamore Municipal Hospital, Sycamore, Ill., Elsie Sampson, the superintendent, and Blanche Bollinger, business manager, have made a fine art of utilizing every inch of space, even in the mostly unlikely places.

For instance, a basal metabolism and E.K.G. room now stands where there was formerly an unused staircase. Then, a sunporch lent itself admirably to the construction of a private room. An oversized bathroom was converted into a small, low priced private room. Down in the basement the cistern, which was no longer needed, was cemented over and the enclosed space above is used for storage of general supplies.

Another sunporch is now doing duty as a nursery. Completely enclosed and decorated in pink and turquoise, it provides spacious quarters for the infants.

Miss Sampson's own suite is another example of ingenious use of space. Her bedroom is a recessed alcove that was lifted out of another unnecessarily large room. The ceilings are very high (the hospital was formerly a private residence) and a sizable storage closet has been made by building a new low ceiling over the superintendent's bathroom.

All these things call for the exercise of ingenuity—and ingenuity is a specialty at Sycamore Municipal Hospital.

Splint Room Gets Monthly Inspection

A $7 monthly bill that Woodlawn Hospital, Chicago, pays with a smile of satisfaction is the service charge on its splint collection.

The hospital recently made an arrangement with a splint manufacturing and supply concern in the city for monthly supervision, and now the splint room operates smoothly with only the storekeeper to look after it. If a splint becomes bent or in need of minor repair the inspector sees that it is put into good working condition. Moreover, before he leaves every splint is hanging in its proper sequence on the wall.

Well-Equipped Laboratory Is Less Fatiguing, More Efficient

If the head technician in every small hospital laboratory could have the up-to-date equipment provided Sister Demetria of St. Mary's Hospital, La Salle, Ill., how much easier her work would become!

The spacious laboratory at St. Mary's has been completely modernized, through the generosity of a local physician. Handsome indirect lighting fixtures have been installed near the ceiling and fluorescent lighting makes for less eye-strain and better vision at the microscope level.

Technicians are less fatigued since a well-designed tubular steel stenographer's chair with a special back support has been given a special mounting to bring it up to counter stool height.

New time-saving gadgets include a shaker for pipettes and for Kahn test tubes. The test tubes are placed in racks made of rubber so that there is no noise as they are being mechanically agitated. A hemometer is being given a try-out.

Adjoining the laboratory is an office where laboratory records are kept. Metal furniture has been purchased, with black leather seats and red leather back rests. This is a dual purpose room, being used also for basal metabolism work. The attractive couch with its black, white and peach chintz cover by some mechanical legerdemain becomes a comfortable bed for the patient being tested. The room also is used as a waiting room for blood donors being typed.

Splint Room Has Red Walls

Did you ever stop to reflect on the amount of waste space there is in an enclosed staircase? Sycamore Municipal Hospital, Sycamore, Ill., has a splint room in the basement that was made by cutting a hole under the stairs and putting a door on it. The splint room is painted a vivid red, by the way. This increased visibility amazingly.

Surgery Has Venetian Blinds

Dingy and torn window shades in the operating room at St. Mary's Hospital, La Salle, Ill., have disappeared. Frosted window glass has been installed—as the surgery is on the first floor—and venetian blinds painted a soft green make the light control simple.

Plywood Mitten Serves Well

A home-made product that serves a useful purpose is a wooden mitten made out of plywood which takes care of the occasional patient who, when being catheterized, pulls out the catheter. The mittens are heavily padded and bound to the patient's hands. It was invented at Sycamore Municipal Hospital.

All Hands Report for Kitchen Duty at Sisters' Hospital on Canning Day

Sister Febronia, superintendent of St. Mary's Hospital, La Salle, Ill., (85 beds) sat in the kitchen peeling pears. Grouped about her were half a dozen other sisters—department heads, all. In another corner of the big hospital kitchen sat a group of maids, also working with pears.

It was the afternoon of October 30. The gardeners had picked 100 bushels of pears from the hospital orchard. They were exactly ripe for canning so the order went out for all free hands to report to the kitchen.

Sister Coletta presided at the stove, using the cold pack method.

St. Mary's Hospital has 10 acres of ground, most of it given over to fruit and vegetable culture. Green vegetables supply the hospital throughout the summer. Jams, jellies, relishes and fruits are put up for the winter. Between 400 and 500 quarts of cherries were canned in the early summer.

Laundry Problem Pondered by Hospital Without Space

Because the building was planned without space for a laundry, Woodlawn Hospital, a 100 bed institution in Chicago, pays a commercial laundry bill of $1000 per month. Besides the expense, there are the added inconveniences of checking the linen in and out and the maintenance of a large linen inventory. Nurses are not restricted as to the amount of laundry consumed.

On the other hand, to rent space, buy equipment, pay union wages to an engineer necessary to deliver live steam and to at least two of the laundry workers would represent a large outlay for a hospital with a large, though steadily decreasing, indebtedness. While its administration and board ponder the problem, the hospital continues to send its laundry out, the commercial rate being 3½ to 4 cents per pound.

Solarium Serves Expectant Fathers

Sterling Public Hospital, Sterling, Ill., has an expectant fathers' room. The second floor solarium, a cheerful place with plenty of ash trays, magazines and easy chairs, serves the fathers during their ordeal of waiting.

Wards Brightened by Peach Curtains

Bright peach chambray makes cheerful cubicle curtains for the four bed wards of Sterling Public Hospital, Sterling, Ill. The hospital sewing woman makes the curtains. The patients respond to their warm color and seem to get a little reflected glow in their cheeks.

Central Supply Room at St. Mary's Has Latest and Best; Also, Longest in Pencils

An efficiency expert's dream come true is the central supply room at St. Mary's Hospital, La Salle, Ill. Enclosed metal cabinets, with counters beneath them, a long work table with drawers on either side, solution warmer and a sink are the features that catch the visitors's eye as he enters the big, light room which Sister Febronia, the superintendent, displays with pardonable pride.

The ceiling-high cabinets, which are insulated so that they don't bang when they are shut, contain shelves that are labeled as to their contents, and the Sister in charge of the room knows just how many of each item she has on hand and where they all are at any given moment.

On one of the counters the thermometers for each floor are lined up in jars of antiseptic solution. Incidentally, all thermometers are shaken down in a machine before they are sent out, thus saving the nurses' time and ensuring accurate readings.

A Dutch door forms the entrance to the supply room. The top half swings back, revealing a counter on which nurses and doctors write their requisitions.

Not even the most absent-minded physician walks off with the pencil with which orders are written for the excellent reason that nobody has a pocket big enough to hold it. This requisition pencil is a full 18 inches long! Try this scheme and see if it doesn't solve the problem of the disappearing pencil.

Canned Food Shower Is Annual Harvest Feature

This year was no exception for just before Thanksgiving time the women's and girls' organizations around Morris, Ill., gave their yearly donation of canned fruits and vegetables to Morris Hospital. The year's "take" was 450 quarts.

Fruit juices are among the most acceptable of all the donations and enough is usually given to provide the nourishments for patients for the entire year. Some of the juices are home canned and the rest, commercially canned, but all of it is given by friends of the hospitals.

One woman came to the hospital in September and asked for six dozen jars to hold her gift of canned tomatoes and tomato juice.

Along with the canned goods come bushels of potatoes, root vegetables and eggs by the case.

The hospital has its own vegetable garden as well.

Dixon Public Hospital Adds 32 Beds; Construction Begun

Dixon Public Hospial, Dixon, Ill., is suffering from growing pains. A new wing to accommodate 32 beds is being added to the hospital and Agnes Florence, the superintendent, is looking forward to the day when the new kitchen, nursery and operating room, among other things she has planned, will be more than a rosy vision. A new heating plant is a part of the building scheme.

The new structure is the result of the generosity of a retired physician who offered to give the hospital $20,000 if it could raise another $80,000. The money was raised by various means and construction was started in September. Equipment has not yet been purchased.

Turn to page 96 for news of small hospital food service and equipment

Patients' Library Brought In

The Sterling Public Library brings a consignment of books to the Sterling Public Hospital once each week. The hospital provides a handsome new metal book cart for transporting them to the patients' rooms. An exchange is made, patients get all the reading material they desire and the library is not robbing its other patrons of many volumes. The service continues week by week and year by year without a hitch.

SMALL HOSPITAL *Forum*

Washable Wallpaper Solves Sterling's Problem of Peeling

The paint kept peeling off the walls of patients' rooms in the old section of Sterling Public Hospital, Sterling, Ill.

Martina C. Thode, the superintendent, has solved the problem to her own, her board's and the patients' satisfaction by the use of washable wall paper in these rooms.

Papers in pastel colors and in small noninsistent designs now decorate the walls of a number of rooms. After four years' service and a number of cleanings they are still in good condition. Miss Thode expects the paper to stand up much longer. When walls are chipped and torn by carts or soiled by the feet of careless or distraught visitors, a good patching job is done.

Miss Thode's own office is attractively decorated with a scenic wallpaper in green on a cream background. Beige draperies bound with green braid and serviceable but attractive furniture make her office a combination of brisk efficiency and quiet charm.

X-Ray Department Is Modernized

The x-ray department at St. Mary's Hospital, La Salle, Ill., will soon move into reconstructed quarters. Bricklayers and carpenters are now at work remodeling two large patients' rooms into an x-ray suite. The diagnostic apparatus will be moved to the new location and new deep therapy equipment has been purchased and will soon be installed.

Town Stares at Joyriding Skeleton

The skeleton in most hospital closets is grinning but well behaved, not at all like Old Bones at Dixon Public Hospital, Dixon, Ill. It recently took a joyride about the town.

For teaching purposes the hospital invested in a new skeleton and lightheartedly decided to discard the old friend that had served faithfully for many years. The janitor was forthwith instructed to take it apart and burn it in the furnace.

Shortly thereafter, the chief of police called to inquire if by chance the hospital was missing a skeleton. "No" was the reply.

"Well, we picked up a drunk who was touring the town with a skeleton on the seat beside him. We thought it might belong to you. Said he picked it up at the city dump."

A grim suspicion entered the superintendent's mind. She summoned the janitor and asked if he had burned the old skeleton. Reluctantly, he admitted that the labor involved in unwiring the joints had seemed an unfair demand upon his time and that he had surreptitiously placed the gentleman's bony framework into the garbage intact.

By way of penance the janitor was sent to police headquarters to retrieve the wandering skeleton, which he sheepishly did. He then burned it under the superintendent's supervision.

SMALL HOSPITAL *Forum*

Sycamore Nurses Entertain in Cottage Reconstructed From Old Brick Coal Shed

Are your nurses happy? They would be if they had a recreation house all their own like the one at Sycamore Municipal Hospital, Sycamore, Ill. This attractive brick cottage was once an aristocratic coal shed; now with a screened porch added to it it makes an ideal playhouse for the all-graduate nursing staff. It overlooks a beautiful garden.

A fireplace was built into one end and a sink and dish cabinet, into the other. A small gas stove is provided for hot snacks. A gas heater augments the fireplace in really cold weather.

The room is sturdily furnished with maple pieces and has a phonograph and radio. Old-fashioned settles were built in on either side of the fireplace. A big, comfortable couch takes up a large part of one wall. It was retrieved from the basement of the town bank where it wasn't doing anyone good and a new cover was made for it.

It didn't cost much to fix up the cottage (some of the furnishings and the money to buy the radio were donated by interested citizens) and the pleasure that the nurses have derived from it has more than repaid the original expenditure.

Doctors Simplify Bill Collection

It is not so hard to collect bills if the doctors will cooperate with the hospital and explain to the patients before they bring them in just what the room charges are and that bills should be paid one week in advance. The medical staff at Sycamore Municipal Hospital, Sycamore, Ill., has been well educated to cooperate with the administration in this respect and, as a result, the hospital collects more than 90 per cent of its bills.

Checks on Medical Records

That pleasant girl who sits immediately inside the door at St. Mary's Hospital, La Salle, Ill., and admits visitors in a highly pleasing but firm manner has another equally important function to perform. She nabs the doctors as they come into the hospital fresh and smiling and gets them to complete and sign their records. On the way out the doctors are far less approachable, the hospital finds.

There's Little Turnover in Nursing Personnel in This 100 Bed Hospital

Hospitals that have a quick turnover of nursing personnel might take a tip from Woodlawn Hospital, Chicago.

All the nursing supervisors and many of the general staff nurses who helped open the hospital 12 years ago are still on the pay roll.

Some of the contributing factors to this ideal state are the following policies.

The nurses work a straight, not a broken, eight hour shift, with a full day off once a week.

There are 60 graduate nurses employed for a 100 bed institution. When the census is low, the nurses are often given extra time off duty.

Nurses have a choice of living either inside or outside the hospital. If they live outside supervisors are allowed $25 additional salary. The hospital provides all their meals and laundry of uniforms. General duty nurses get a $20 monthly allowance if they choose to live outside.

Vacation time is liberal. After six months' employment they get a week's vacation with pay. After two years, they get two weeks with pay. Supervisors get three weeks' vacation after three years of service. After ten years in the nursing department, all nurses get four weeks' vacation with pay.

Sick leave is, likewise, liberal. After more than one year's service nurses get seven days per year with full pay; after two years, fourteen days with full pay. After ten years' service to the institution they get four weeks with pay.

All nurses are urged to take an active part in their professional organizations. Supervisors rotate in attending meetings of their state association with their expenses paid by the hospital. If the national nursing organizations meet in a not too distant city, they are allowed time and expense money to attend these conventions.

Salaries paid the nurses are not high, the minimum starting salaries for general staff nurses being $60 and $65 with full maintenance.

Two Years' Use Demonstrates Need for Acoustical Control

At Woodstock Public Hospital, Woodstock, Ill., they have waited nearly two years to decorate the walls of a new section of the hospital.

Of course, it is not necessary to wait this long for plaster to dry. But, as Hilda Whitefoot, the acting administrator, explains, the delay is fortunate. When the new section of the hospital was put into actual use, it was discovered to be noisy. So before they proceed with the decorating, acoustical material will be installed in corridors and other noise generating centers. The walls will then be painted or papered.

Miss Whitefoot has interesting plans for the decorating. She was in charge of the Lutheran Deaconess Hospital at Beaver Dam, Wis., when it was redone in the modern style several years ago. (The color scheme was described in The Modern Hospital for June 1937, page 61.) Her plans for Woodstock are just as striking.

The hospital has purchased a residence adjoining the hospital grounds to remodel into a nurses' home. Here, too, modern ideas in decorating will be followed.

Gong Disperses Visitors

A polite, but efficacious, method of telling visitors it's time to go home is the gong that is struck when visiting hours are over at Sycamore Hospital, Sycamore, Ill. The mellifluous notes of the chime seem to have a beneficent effect on the visitors, Miss Sampson states.

Linoleum Strips on Working Surfaces

A 50 year old building is bound to look a little dingy. The Sisters at St. Mary's Hospital, La Salle, Ill., keep the service rooms looking clean and gay by using strips of brightly patterned linoleum on table tops, shelves, window sills and all wooden working surfaces. It's surprising what a difference it makes. A great deal of pleated edging is used to brighten up cupboards and storage room shelves. The effect is as dashing as are some of the closet ensembles in the modern home. The cost is slight and is more than out-weighed by the enhanced convenience and appearance.

Steak for Dinner Increases Attendance at Staff Meetings

"Do you have any trouble getting good attendance at your medical staff meetings?" The question was put to Clara Ellen Boeck, superintendent of the Condell Memorial Hospital, Libertyville, Ill.

"Not any more," Miss Boeck replied. "We now serve a lunch just before staff meeting. I pick out the best steaks I can get and serve them most attractively with fresh asparagus, relishes and a dessert men like. The lunch costs us more than 50 cents but 50 cents is all we charge the doctors. As a result the men all turn out. The increased interest in staff meetings more than compensates us for the few extra dollars spent.

"Recently I said to one of our doctors: 'Tomorrow is staff meeting night, remember?' His reply was: 'Do you think I would forget steak meeting night!' "

New Color Scheme for Pediatrics Floor Meets Approval of Children

A strong pediatrics staff brings many small patients. Woodlawn Hospital, a 100 bed institution in Chicago, has recently given over an entire floor to children under 12 and has redecorated these quarters with good effect and at small cost.

Color has been daringly but effectively handled. Grace L. DeVilbiss, the superintendent, sought the advice of a young interior decorator on color schemes and then carried them out with the hospital's own painters and sewing woman.

The draperies are cleverly conceived. They are made of cotton suiting (Indianhead) in two colors—pink and brown. The combination sounds odd but owing to a knowing choice of tones the effect is excellent. A width of each piece is caught together in tubular fashion and then the two colors are sewn together vertically. Tie-backs are of brown.

Walls are done in a variety of color combinations — gray-green walls with salmon ceiling, gray walls with peach ceiling, ivory walls with old rose ceiling. In a room that has been made semi-private by its division into cubicles the walls are gray and the ceiling is peach, while the wood framework of the cubicles, too, is gray in order to avoid too much white woodwork for constant cleaning.

In each instance the ceiling color is brought down as the color for the wall on the window side of the room. The other three walls are in the contrasting color. In some of the rooms one wall has a structural beam below the ceiling line. The ceiling color is brought down to make of this beam a decorative asset.

New blond wood chests with a nursery picture on the big cabinet type of doors appeal to juvenile patients. A leather upholstered visitor's chair of the lounge type is found in each room. Coverlets on the cribs pick up the stronger of the two wall colors in a lively design of candle-wicking.

A room at one end of the long corridor is being made into a playroom for ambulant and wheelchair patients. The playroom, having a southern exposure, is in blue with the draperies in vertical sections of blue, dark blue and peach, again of the tubular cotton suiting.

An inviting unit, consisting of two chairs and a lamp table in blond wood and beige leather, greets the visitor as he steps off the elevator, providing parents with a place to sit if treatments or dressings are going on in the child's room. Four small framed prints with juvenile appeal are grouped in a unit over the lamp table.

The pediatrics floor has a four bed ward with cubicles of wood and glass; another ward with closed cubicles serves for emergency isolation use.

Although Woodlawn is a private institution, its active women's auxiliary raises a tidy fund annually to take care of charity pediatrics patients.

Hospital Worries Lost in Golf

She and her supervisors may have to live as well as work in the hospital but Martina C. Thode and her staff of Sterling Public Hospital, Sterling, Ill., do not lead cloistered lives. They recreate on the golf course with great regularity and with considerable skill. The supervisors not only play on their days off but, as a golf course is sufficiently accessible, they can play in their hours off. They recommend golf as one game that does not permit the attention to flit back to hospital worries.

SMALL HOSPITAL *Forum*

WOMEN'S SERVICE GROUPS

Year's Program

• To get a good idea of what the auxiliary of the New England Hospital for Women and Children, Boston, is doing it is necessary only to examine the booklet it issues which recites precisely its various activities. Incidentally, a report such as this is excellent in focusing attention on women's services.

Sometime during the late fall, for example, a rummage sale is to be held. Then in February there is to be a Valentine's Party. Reading further, we find that on the first Tuesday in each month nurses' teas take place, on which occasions entertainment is provided, as well as refreshments. We hope to hear further from the president, Mary Ethel Hunneman, and her associates during the year. Meanwhile here is her message contained in the foreword to the little brochure: "The hospital needs our strength, the patients need our help, the nurses look to us and the directors may call on us at any time. It is for us to build up our committees, to budget continuously a percentage of our time and to consecrate ourselves anew as the year leads us to the work. It is for us to help the hospital to grow and prosper."

Women on the Board

• "Hospitals will never achieve a rounded program until the leaders among the women who are actively participating in its work become members of the governing board," declares Mrs. William Armour, vice president of the United Hospital Fund, New York.

"In order that the women's groups may give their time and energy to activities that are essential to the hospital's program and in order that a right proportion shall be maintained between the work which they are furthering and that of the hospital as a whole, it is necessary that they be given the opportunity of understanding the entire hospital problem. Also, by having representative women on the governing board, the trustees will be given the opportunity of understanding more fully all phases of the women's work. We do not consider it important that women should serve as trustees just because they are women. But because their work is a part of the hospital program, it and they should be recognized as such."

Idea for Christmas

• Christmas cards and postage stamps are supplied indigent patients and outpatients at Massachusetts General Hospital, Boston, through the friendly assistance of the hospital's visiting committee and a manufacturer of Christmas greeting cards.

Early each December the manufacturer turns over to this visiting committee—which, by the way, is the grandmother of all visiting committees, having been organized as an experiment in 1869—his overstock on cards for the holiday season.

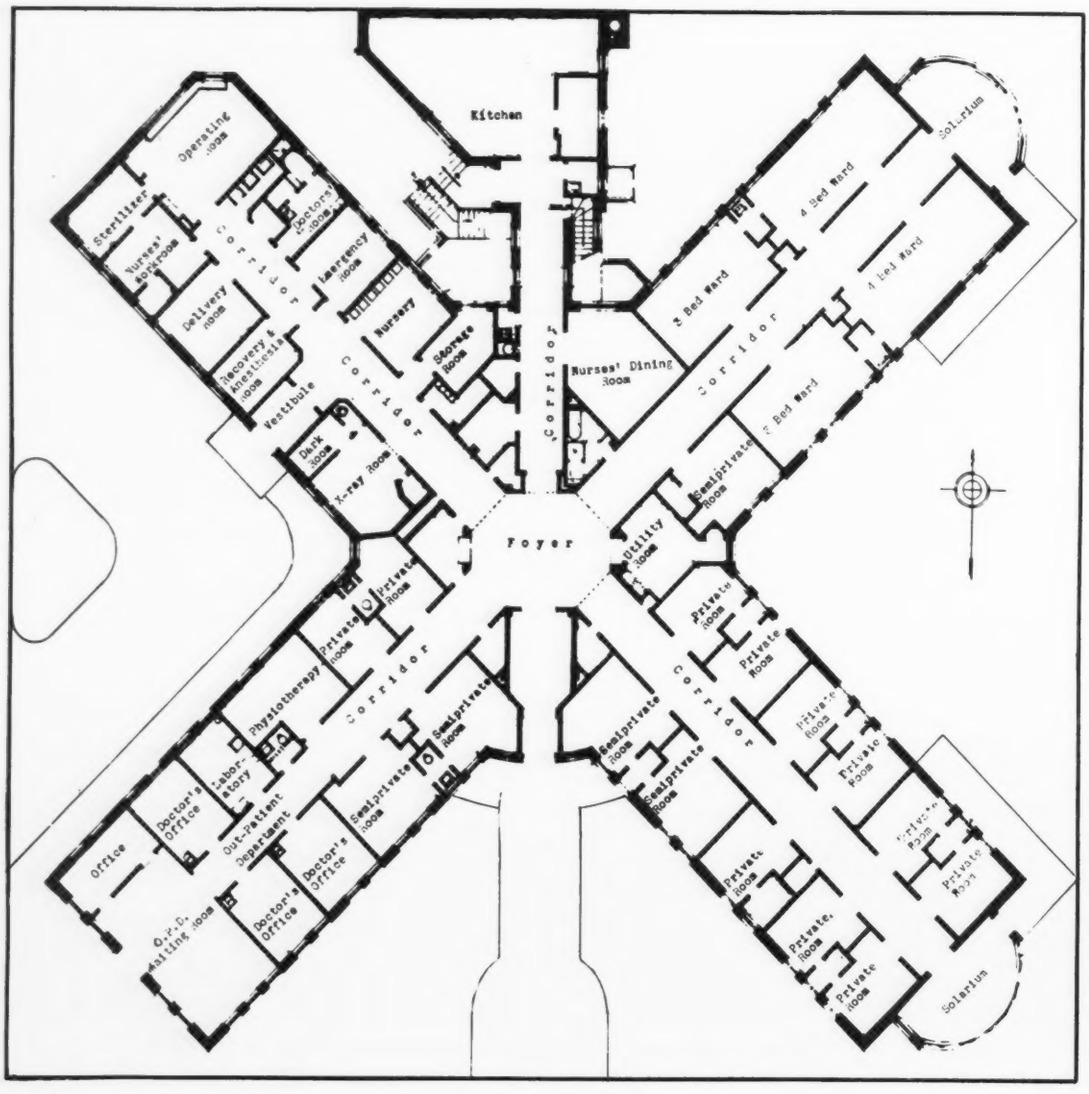
Bearing out the belief that it is more blessed to give than to receive, the patients accept these cards with delight and are happy to be involved in Christmas preparations.

Cards are also supplied the hospital's social service workers to assist them in maintaining contacts with patients.

Lectures Support O. T.

• The Avery lectures, an annual series put on in Boston by the welfare committee of Children's Hospital, produced $5500 last year. Of this impressive sum, $3700 was given by the committee with the approval of the board of managers to complete the installation of new x-ray equipment and $1800 went as usual to the entire support of occupational therapy for the year. A total of 689 course tickets was sold last year.

Douglas and Morenci—

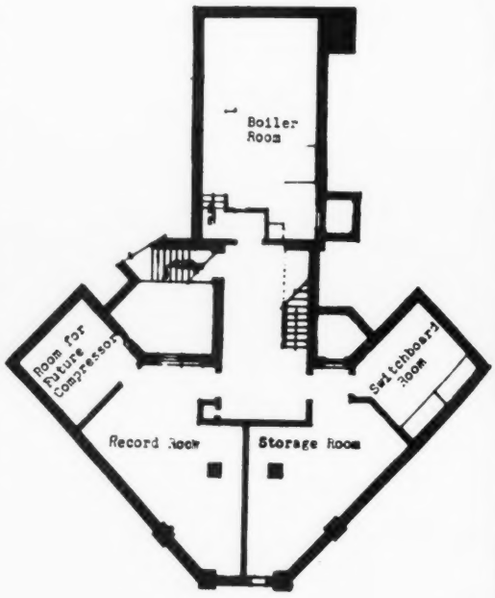


Both of the hospitals are of single story construction, with four wings which radiate out from the central foyer. The nurses' station is in the foyer so that the nurse on duty commands a view of all four corridors. Below: The abbreviated basement houses the boiler and record rooms and the switchboard room.

WHEN the Phelps-Dodge Corporation, one of the nation's leading copper producers, elected to provide new and up-to-date facilities for the hospitalization of their Arizona employes, they established not just a single new hospital but two identical ones in widely separated locations of the company's activities. Both of these industrial hospitals were completed recently and are now in service.

One was built in Douglas, a town of about 10,000 population, which is situated on the Mexican border and is the home of the corporation's western offices and their Copper Queen Smelter. The address of the other is Morenci, the scene of some of the company's large mining interests. Both of these sites are at high altitudes, Morenci enjoying an elevation of 4800 feet and Douglas, about 900 feet less.

The industrial hospital is a phenomenon born of obvious business expediency and concern for employes' welfare. It thrives in communities that have unsuitable or inadequate hospital facilities and in remote, isolated spots that have no facilities at all. In sponsoring these new projects the Phelps-Dodge Corporation has given tangible evidence of its deep



PLAN OF BASEMENT

Arizona's Twin Hospitals

interest in promoting employe health and contentment.

The circumstances that prompted the erection of such institutions are responsible also for their being thrown open to the employes' families. The Douglas unit, which replaces an earlier, outmoded hospital, is available for the townspeople generally. Any registered physician practicing medicine and surgery is allowed to admit and treat his patients there. These hospitals are operated by the company's medical department, which maintains its own medical staff and registered nurses.

The Phelps-Dodge hospitals were designed by Eggers and Higgins of New York City, in conjunction with Lescher and Mahoney of Phoenix, Ariz. The buildings are of single story construction, the one main floor embracing everything except the heating plant and storage rooms, which are located in an abbreviated basement. Each institution has a capacity of 35 beds.

To facilitate a centralized control, and thus to reduce operating personnel to a minimum, the buildings were given a cruciform plan, with the four principal wings spaced at 90 degree intervals. At the crossing of the wings is a central foyer, a hub from which all corridors radiate and adjoining which are the utility room and the single nurses' station. Also opening on this foyer is the small waiting room at the main entrance, as well as the service corridor that leads to the kitchen department in the rear and bisects the angle between two of the principal wings. The main corridors are 8 feet wide.

The patients' quarters consist of 11 private rooms, five semiprivate rooms, two 3 bed wards and two 4 bed wards, and are situated principally in two wings. One private room has its own complete bathroom; all other patients' rooms have lavatory and toilet compartments, with one compartment located between, and serving, two patients' rooms. One general bath adjoins each of the two principal patients' corridors, with the doors easily visible from the central nurses' station.

At the end of each of these wings is a semicircular solarium from which ambulant and wheelchair patients may pass via a gently sloping ramp to a pleasant garden located in the angle between wings.

In the southwest wing, with a separate entrance, is the out-patients' department, comprising a waiting room, doctors' offices and a laboratory. Also in this wing are a few patients' rooms and a physiotherapy department that is easily accessible to both out-patients and in-patients.

The ambulance driveway is in the west angle, with the entrance in the northwest wing where it is convenient to the street but out of sight of most of the patients' rooms. Near by on the inside are rooms for accident cases and x-ray work and the nursery. In a cul-de-sac at the end of the wing is the operating department, isolated by a cross-corridor partition with a doorway and consisting of a major operating room, sterilizing and nurses' work rooms, anesthesia room, scrubup space, dressing room for doctors, delivery room and supply closet.

Behind the building proper is a kitchen wing, which is connected with it by a service corridor forming one of the spokes from the central hub of the plan. Unlike the four

utility room and nursery are surfaced with acoustical tile to limit the travel of sound.

The operating, emergency and delivery rooms are air conditioned. In the physiotherapy department are a short-wave diathermy machine, mercury sun lamp, oscillating machines and infra-red light, as well as machines for electrocardiography and metabolism tests. The x-ray plant contains a shockproof radiographic and fluoroscopic 200 milliampere unit, a mobile x-ray machine and a stereoscopic viewing box, as well as a well-equipped dark room.

Left: The gaily decorated sun rooms are delightful places in which to get well. Below: One of the attractive 3 bed wards.

main corridors, this has doors at its junction with the foyer and beyond this point are a dining room for nurses, the service entrance to the building, stairs and clothes chutes to the small basement, cleaner's closet and linen storage room. Although completely removed and isolated from the patients' wings, the kitchen is sufficiently near to justify the omission of a separate serving kitchen for patients.

Because of the sparseness of settlement roundabout, the Morenci unit has been provided with a nurses' home in the form of a detached, one story structure in the same style of architecture as the patients' building. It contains rooms for 10 nurses, a living room, general baths and a kitchenette.

The exterior walls of the Phelps-Dodge hospitals are built of load-bearing concrete tile, faced with tapestry brick. The walls are insulated against the concrete foundations to prevent the rising of dampness from the ground into the walls by capillary attraction and consequent discoloration of the brickwork, a potential danger in this excessively dry climate.

To fend off the extreme heat of the Arizona sun the roofs have been given unusually broad eaves and all ceilings are suspended and insulated with 4 inches of mineral wool. The roofs are framed with steel trusses that span from wall to wall and, in addition, are supported by steel columns in certain locations in the center of the plan. The finished roofing is of copper shingles applied to wooden sheathing. The main floor slab is of reenforced concrete and the partitions are of hollow gypsum block. The windows are steel casements with lower vents.

On the interior the finish is in strict accordance with hospital tradition. Such spaces as the operating, sterilizing and delivery rooms have terrazzo floors and tile wainscots, while the corridors and the patients' rooms have floors of linoleum and plastered walls. The ceilings of all corridors, the foyer, nurses' station,

Equally complete and up to date is the remainder of the hospital's equipment, including sterilizers (all electrically heated), kitchen equipment and the many other specialized items needed to render the most efficient service.

The windows in the patients' rooms have venetian blinds and attractive draperies, while the beds are furnished with comfortable springs and mattresses. For every patient there is a built-in locker. It is apparent in these rooms, as in the solariums and waiting room, that the owners have striven for a homelike atmosphere and have achieved it.

Working With Newspapers

LAURA JACKSON

SOMETIMES it is a good idea in working toward the solution of a problem to try to view it from the opposite side. A picture of how those who work with newspapers look to us on the other side of the fence is found in the book "City Editor" by Stanley Walker, former city editor of the New York *Herald Tribune*. Says Mr. Walker:

"Newspapers are particularly friendly toward the press agents of charitable, civic and educational institutions and movements, although these agents often are ravenous in their demands for space and attention. Moreover, many of them are unwilling to aid the press in getting at the facts when the facts might embarrass or injure the interests they represent. That is why, when a story is outside the routine, the wise reporter observes the fundamental rule of never going near the press agent. Moreover, these institutional press agents often turn out extremely dull material."

Advantage Taken of Press

Note that these remarks start out by affirming a predisposition to friendliness on the part of newspapers toward us. Mr. Walker thinks we take advantage of this friendliness by greediness and that at critical times we are a hindrance to them rather than a help. Finally, he hurls at us the vastly irritating charge of dullness.

This gives a great deal to go on in figuring out how to work with newspapers. Their initial attitude, we are told, is friendliness. Why are they friendly? Probably because they are overwhelmed with propaganda from commercial sources and at least they are saved from the annoyance of searching for the profit motive in what they get from hospitals and other noncommercial institutions. Another good reason is that most editors are genuinely interested in the well-being and progress of their communities and the charitable, civic and educational institutions represent the forces that are working toward that end.

Our concern is to keep this initial friendly attitude, granted that it exists. How can we do this? We can be pleasant and agreeable, of course, and not treat the reporter as a nuisance when he comes around for news that in some cases we would prefer not to have printed. We can educate ourselves to realize that his job is to get the news and that the more we cooperate with him the better it will be for us in the long run. But there is more to cultivation of good press relations than just complacent acceptance of the reporter's mission. There is involved the acquiring of a deep understanding of the ideals, principles and aims of newspapers and the outstanding members of the journalistic profession.

Just as members of the hospital profession must have their hearts, as well as their minds, in their work when they are serving the patient, so the people who work on newspapers cannot long serve successfully unless they have some emotional bias toward the mission of keeping the public informed.

Friendliness for the press implies respect for it. It is true that there have been unworthy newspaper men. There have been unworthy doctors and hospital administrators, too. He who works along with the newspapers needs to have this feeling of the greatness of the newspaper as an institution; he needs also a feeling for the possibilities of the specific newspaper and of the editor and the reporter with whom he is dealing.

The paper should be studied and compared with other newspapers. Sometimes a young reporter can be helped by showing him how another paper handled a story similar to the one he is preparing, perhaps at your suggestion. Comparison with other papers enables you to reveal to the editor or reporter your knowledge of what we might call the individual differences of the particular paper, so far as policy and aims are concerned. Understanding and appreciation go a long way if they are genuine and not just expressed for a purpose.

Reporter's Point of View

Genuine appreciation will involve watching a reporter's whole effort, not just those stories that concern your hospital. You will even get to know his style, so that you can say of an unsigned article, "You wrote that story about the American Legion parade, didn't you, Mr. Smith? I liked the spirit you put into it." And, of course, the compensations of the effort to look outside your own field are enormous; you wake up to many new interests that broaden your perspective. You begin to look at things through Mr. Smith's eyes—and there's the secret of working successfully with him and his particular newspaper.

Looking at things through Mr. Smith's eyes and those of his editor will save you from falling under the accusation that Mr. Walker makes about being "ravenous in demands for space and attention." You will get to know how many more institutions and activities and everyday happenings the paper must cover and you will expect no more than your just share of space. In fact, you will even see that more than a fair proportion of attention would not be entirely desirable. To be too often and too conspicuously in the news is matter for suspicion to a public which is beginning to have its eyes opened by the Institute for Propaganda Analysis. However, in order to get a fair amount of space you have to prepare and help reporters with considerably more material than you expect will be used. Only moderate disappoint-

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Miss Jackson is in charge of public relations, American College of Surgeons. This paper was presented at the Tri-State Hospital Assembly, 1940.

ment should be felt when what you thought was a particularly good story fails to appear in the paper. The publicity writer is always competing with others contributing similar material, but he is also competing with a preferred type of copy, spot news. You cannot have every article published, but you can get as much news as possible into your copy so that it will rank higher in the competitive scale.

As to being "unwilling to aid the press in getting at the facts when the facts might embarrass or injure the interests they represent," here the city editor strikes hospital people at a vulnerable spot. More than in most places, the hospital has an obligation to preserve a patient's privacy. This is not because of any innate rights of the normal individual but because in the hospital the person involved is often not in full possession of his senses and is in no condition to give a fair explanation of anything out of the ordinary that might have happened to him. However, if newspaper representatives have previously been given every evidence of cooperation, they will in the occasional awkward situation subdue the sensational elements.

When the hospital itself is involved in a mishap or tragedy, it is unwise to suppress the facts. The reporter is entitled to the facts. If he has been fairly treated in the past, he will respond to fair treatment in an emergency by a matter-of-fact, unexaggerated version of the incident. With suppression of facts, he will resort to innuendo, which is the worst kind of unfavorable publicity. If he knows you are going to suppress them, he will do as Mr. Walker suggests and not go near you. And that is a bad situation.

Now as to dullness of material. Anybody who prepares material aimed at publication in newspapers should have the newspaper point of view, which is that every day the sun dawns on a new world and that anything under the sun can happen in it. The newspaper man thinks that his is the most absorbing vocation in the world — to keep people awake to qualities that eyes and souls blinded by routine might otherwise not see and feel. His passion is one that we who work with newspapers must share or, of course, our material will be dull.

The city editor from whom I quoted before says that the hand of the publicity man may be found in perhaps a third of the news items in many issues of any New York newspaper. That means, he admits, that publicity folk are "part of the news machine." There is no reason, then, why hospital administrators and hospital publicity directors should not benefit by the feeling that when working with newspapers they are also working for newspapers. They should operate as if they were doing special assignments for the newspaper in their particular field. They should anticipate what the newspaper man will want to know about the events that take place in the hospital—from leap year babies to the trying out of a new type of anesthetic.

The hospital is a rich field for news stories because it offers so many types. There is the simple human interest story about the crippled child, long in the hospital, who cries for her nurse after she is returned to her home, reversing the usual order of homesickness; and there is the scientific story of the lowering of the death rate from pneumonia through the use of sulfapyridine.

Can crime news and war news crowd items such as these off the front page of a metropolitan newspaper? Not if they are as well handled as the Sherman Hospital at Elgin, Ill., demonstrated recently. Just a party on his eightieth birthday for a chronic disease patient, but the story of the old man who had been in the hospital for 27 years, ever since he fell off a scaffold while painting a barn, and who liked it in the hospital and had no wish to be anywhere else made the front page of the Chicago *Daily News,* although Elgin is 40 miles away. That whole story was handled with brilliance and with feeling; the city editor would not have put it on the front page if it had been dull.

It is my feeling that one of the chief values of such a story's being published in a newspaper is the reaction to it of the personnel in your own institution. It is a way of building morale that has the advantage of not having that object as the primary motive.

Power company linemen undoubtedly feel more satisfaction over newspaper accounts of their heroism in restoring service in the wage of disastrous floods than they do over the superintendent's commendation. Hospital workers respond in the same way and the publicity representative can start a beautiful cycle of improved personnel relations that foster improved public relations, and vice versa, merely by recognizing the news value in the extraordinary service hospital people often render and by communicating it to the press.

Magazines for Reference

These valuable publications that come to my desk every week or month, are they thoroughly read? Honestly, no! Most of my reading is at bedtime and the reflected light from the high gloss pages distresses my vision. (Publishers, please note; this is not a new complaint.) As I used to read and leaf through a periodical, I would mark a page with clip or paper or turn down the corner. Or I would plan to cut out a certain illustration and paste it in the scrapbook for future purchase reference. Oh grief! Weeks or even only days later when I had need to refer to one of the marked pages I was unable to recall the issue! Subsequently, hours were spent in locating that article—usually found in the next to the last issue in the stack.

Now as publications are received, the contents page is carefully removed and articles of particular interest are marked. The index pages are trimmed; holes are punched; the pages are filed in a loose leaf binder, and the magazine is filed in its corresponding group, not, however, until it has been read by the staff with special articles being pointed out to them. Much less time is required in leafing through this "Index File of Published Articles" to locate desired material. Eventually, there may be time to enter notations in the abstract file to enhance its value. To the present abstract file cards are clipped pertinent short printed items and illustrations collected from printed circulars. — GLADYS BRANDT, R.N., *administrator, Cass County Hospital, Logansport, Ind.*

Books and Budget Balance

When Hackley Installs Machines

B. D. DANN

THE value of machine bookkeeping in any but the largest hospitals has been a controversial question and subject to much discussion and debate at many hospital meetings over a period of years. In view of all the discussion, it is not my intention to go into this subject but rather to outline briefly what is being done at the Hackley Hospital, Muskegon, Mich.

With our present system and equipment we are able to perform several operations at once and, although our methods may seem unorthodox, we are accomplishing the desired results.

It was at first feared that any change in our accounting methods toward a mechanized routine might entail a large initial investment in equipment that would not be economically justified. The ideal system for which we were looking was one that would provide us the simplest possible method of having figure information available at all times in a form that would be easy to read.

Mr. Dann is assistant superintendent of Hackley Hospital, Muskegon, Mich.

In order to achieve this goal, we installed the compact, low cost machines shown in the accompanying photograph and in a relatively short time placed our accounting procedure on a high plane of economy and efficiency.

The actual mechanics of the system have been so simplified that the clerical force is able to handle all of the work involved rapidly and now has more time for routine office work and the usual accounts receivable file.

The basis of the new system is the fact that all accounting routine is now centralized in the cashier's office.

At the start of each day, the office receives from the nursing services a daily census sheet of admissions, "in" patients and discharges. From this census sheet a clerk then sets up a room charge slip for each patient.

This feature alone is a valuable time-saver because the information now comes to the office each day in a standard form. Formerly, it was necessary to go to some of the various departments of the hospital and get their work record books so that the charges could be made out.

Under the new system all departments have been organized as individual units. Charges incurred by a patient for operating room, delivery room or emergency service, as well as for anesthetics, x-rays, laboratory work, drugs and any miscellaneous items, are computed and written on charge slips at the time they take place.

Different colored slips are used to identify the respective departments. When they come to the central office each day, the slips are sorted with the room charges to the patient's account and then given to the cashier for posting.

An average of 200 entries to the accounts receivable is made each day, with a single bookkeeping machine handling the work. Not only is the machine set up for posting all the receivables, but it serves additionally as a receipting unit and a cash register.

For a typical entry, as illustrated on the forms, the cashier inserts the foldover ledger and statement in the machine, readily aligns the form to the proper position, picks up the old balance, which is visible, and lists the account number and the charge for the account as shown on the slip.

The machine is equipped with the following special symbols: OP, operating room; RM, room charge; DR, delivery room; EM, emergency service; AN, anesthesia; XR, x-ray; LB, laboratory; RX, drugs, and MS, miscellaneous. The appropriate symbol is printed with each charge to identify the entry. The date prints automatically for each line of posting, while the accumulated balance is printed at the touch of the balance key.

A locked-in journal tape is produced as a by-product of the posting

Accounting machines enable the clerks to keep books in up-to-date balance.

operation. When the posting is completed, an old and new balance proof is made, the total of which must agree with a post list of the charge slips which the cashier has prepared.

After the ledger balance has been proved, the cashier takes the census sheet and pulls the "out" patients' accounts from the ledger. Patients' accounts that are fully paid at the time of discharge are removed from the active file; those that are unpaid are checked for further credit notations concerning the arrangement that may have been made for handling the balance of the account.

When a patient leaves the hospital, he is furnished an itemized statement which is a duplicate of the ledger and which shows the balance due. At such time as the patient pays on the account, the cashier gives him a separate machine-printed receipt showing the amount paid. This information is simultaneously duplicated to the ledger, to the statement and to the journal tape. At the end of the day, all money received must balance with the total figure recorded on the tape.

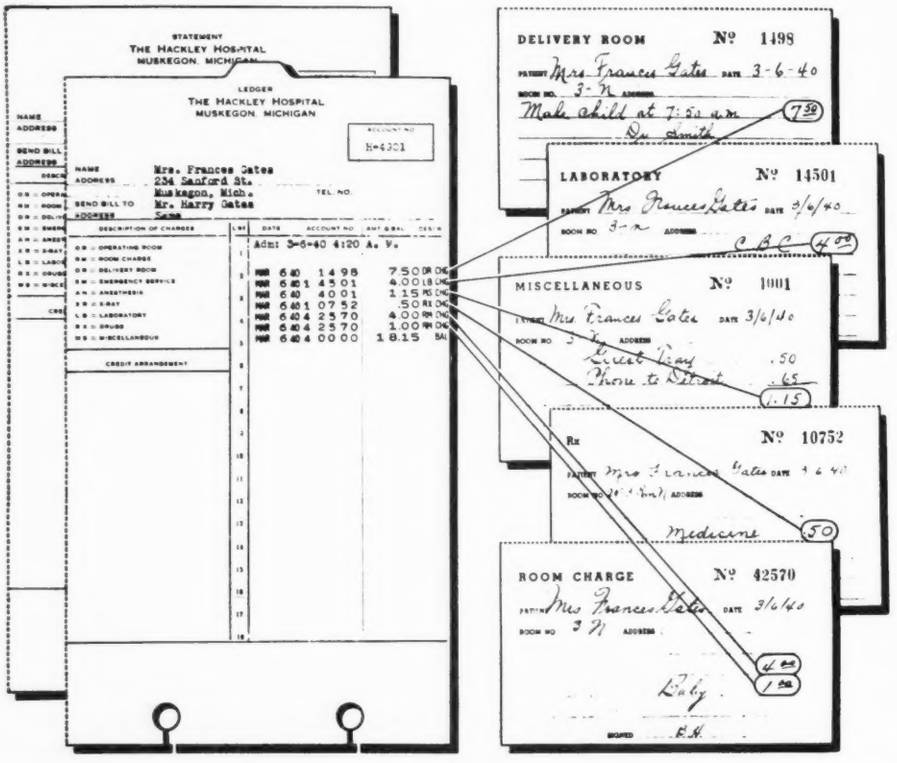
With payments posted to the records at the time the money is received, all accounts are thus up to the minute as the transactions occur. The neat way in which this multiple purpose machine is located at the window makes it possible for the cashier to do the posting, receipt any payments and receive cash without leaving her post.

Once a person has registered at the hospital, an account is opened for him. If he should ever return for further care, he receives his original account number. In this way the hospital maintains a perpetual credit history, as well as a concise case history of the patient.

Upon completion of an "out" patient's records, charge slips are rearranged by departments in numerical order. Any missing charge slips are noted and must be accounted for at this time.

Using the desk bookkeeping machine with a wide carriage, another clerk now prepares a daily earnings accounting record—a journal sheet for distribution of charges by departments. As the charges for each department are listed in their respective columns, the amounts automatically accumulate in the machine and are printed at the bottom of the column with a single key depression. The sum of the total charges by departments must agree with the post list of charges which the cashier has made previously.

Cash receipts and the accounts receivable are balanced daily. From the daily earnings accounting record information is then posted to the general ledger, which is set up in two divisions to provide daily as well as monthly consolidated figure facts. The daily postings are made to the blue subsidiary ledger sheets, while at the end of the month the subsidiary general account balances are posted to the general ledger control.



The subsidiary general ledger accounts are posted daily. Forms are easily inserted and aligned in the desk bookkeeping machine. Picking up the old balance in the left column, the operator tabulates the carriage from column to column, the machine printing an automatic date, folio number and the debit or credit to the account. The new balance is printed in the right hand column at the touch of a single key, while a short-cut keyboard enables the operator to write entire amounts and depress the motor bar in one operation. The subsidiary and the general ledger control accounts permit us at any time to determine exactly the status of charges for any department.

This feature makes it extremely easy to compile figures for reports at any time. Department heads are now taking a keen interest in the management end of their work, inasmuch as monthly statements of the activity in their departments are accessible.

Costs and charges have become well standardized and, if any unusual charge is noted for the department during a month, we can easily follow up and discuss the charge with the department head.

The general ledger accounts are classified numerically in series of hundreds and supplemented alphabetically so that the roster can be expanded at a moment's notice.

The routine has become so elementary and simplified that it is possible to move workers from one job to another. This is especially desirable during the vacation period or when sickness occurs because the work can proceed without confusion.

Our system is now functioning so smoothly that every step checks itself with every other. There is little waste motion and the trustees are convinced that the work is now being done efficiently, quickly, simply and, above all, inexpensively.

Anesthesia Service—

A Big Problem in Small Hospitals

GERTRUDE L. FIFE

THE maintenance of an efficient anesthesia service in a small hospital presents a number of peculiar problems. Owing to these inherent difficulties, there has been considerable tendency on the part of hospital administrators to minimize the importance of this function of the hospital and to make inadequate provision for it. In relation to its size, the anesthesia department probably deals with a larger proportion of patients than any other in the hospital.

If it is essential to maintain a well-organized, smoothly functioning anesthesia department with especially trained personnel in the large hospital, it is equally important to produce a similar picture in the small institution. The end results of anesthesia are the same, whether the hospital has 50 or 500 beds.

In the small hospital, the organization of the anesthesia department follows the same general pattern as in the larger institution. Anesthesia service is required day and night. The personnel must be especially trained to administer skillfully the various anesthetics in use today, to take the necessary precautions against explosions and fires in the operating room and to avoid unnecessary waste of anesthetic drugs. Modern equipment, which is expensive, must be available and kept in proper working condition at all times.

Many small hospitals depend upon one or two physicians in the community to administer anesthetics. These doctors are not primarily interested in anesthesia and, because of their own private practice, they are not always available; consequently, the hospital is provided with the services of an anesthetist only during the time an operation is in progress.

The foregoing arrangement falls short of providing complete anesthesia service to the hospital. If there is a physician in the community who wishes to devote a part of his time to administering anesthetics and is sufficiently interested to prepare himself to administer all anesthetics, then beneficial arrangements can be made, particularly if the volume of work justifies the employment of a resident anesthetist.

It is being assumed, however, that the small hospital cannot afford the services of a resident medical anesthetist and our discussion is, therefore, confined to the problems connected with the employment of a resident nurse anesthetist. This arrangement offers the institution the following distinct advantages.

Advantages of Nurse Anesthetist

1. A well-trained person is available at all times to administer anesthetics and to institute resuscitative measures if the occasion arises. At any time, a patient may be admitted who has been overcome with gas or heavy consumption of drugs and is in need of immediate resuscitation. Few small institutions are equipped with respirators but, if a resident anesthetist is available, artificial respiration can be maintained indefinitely by means of a gas machine. Furthermore, it not infrequently happens that a patient is returned to the ward in good condition following operation but later develops severe obstruction to respiration. If the surgeon and the medical anesthetist have already left the hospital, the resident nurse anesthetist is prepared to take measures to relieve the obstruction and to use suction and other means to combat the difficulty.

2. Oxygen therapy is becoming an increasingly important service and unless the hospital has a resident anesthetist there probably will be no one on the staff who is thoroughly familiar with the equipment. Large quantities of oxygen will be wasted and the patient will not obtain the full benefit of the treatment unless the service is supervised efficiently. This responsibility can properly be delegated to the anesthetist.

3. The resident anesthetist can be made wholly responsible for the upkeep of the anesthesia equipment. If the machines and other apparatus are not kept in perfect working order, it may take days to obtain repair service or parts from a distant supply house.

The anesthetist must be of the right caliber, one who has had good training and who is willing to adjust herself to the working conditions in the small hospital. The work in anesthesia may not require all of her time and it may be necessary to assign to her additional responsibilities. In devising a combination of duties for the anesthetist it is important to take into account her special qualifications.

The additional duties assigned to the anesthetist must not conflict with her work in anesthesia, must be commensurate with her ability and must be stimulating enough to enlist her interest and cooperation and to make her feel that she has an important place in the hospital organization.

If the problem of a combination of duties for the anesthetist is met squarely, with an appreciation of the difficulties involved, satisfactory arrangements can be made. Thus, the position of anesthetist in the small hospital will become more attractive and some of the difficulties in obtaining well-trained, efficient people to fill these positions will be eliminated. Let us consider some of the possible combinations.

The combination of the duties of hospital superintendent and anesthetist would be satisfactory in the hospital in which only a few operations are performed each week. In a busy institution, the superintendent should not be tied up morning after morning in the surgery because this would mean neglect of

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Mrs. Fife is director of the school of anesthesia, University Hospitals, Cleveland. From a paper read at Southeastern Hospital Conference, 1940.

administrative problems which many times, cannot be deferred until later in the day. In a hospital in which the volume of surgery is heavy, it would be an excellent idea if the superintendent and assistant superintendent were both qualified anesthetists so that the administrative department and the anesthesia service could be covered throughout the year without a break and with the minimum of inconvenience to the hospital.

As Assistant Administrator

If the anesthetist were to be made assistant superintendent she would, of course, know the hospital and its administrative problems so that she would be prepared to substitute in the absence of the superintendent. At other times, the anesthetist could be assigned such duties as those of the hostess or admitting officer or the responsibility for inventory and replacement of such supplies as linens, instruments and drugs. She might even act on occasion as assistant to the superintendent of nurses. This combination would leave her free to go immediately to the operating room if her services were required.

The medical records department constitutes a major problem in many small hospitals. The keeping of records is an important function, which requires more thought and time than are usually accorded it. The anesthetist, because of her training, is familiar with the preparation and use of medical records and she comes in contact with such a large number of patients in the hospital that she is in an excellent position to render efficient service in this department. The responsibility for the hospital records would also make her work in anesthesia more interesting because it would afford an opportunity to follow the patients' progress.

The success of a combination of laboratory or x-ray work with anesthesia would depend largely upon the equipment available and the volume of service required in each of these departments. A combination of x-ray and laboratory work would be satisfactory if there were only an occasional roentgenogram to be made, or if the laboratory work consisted merely of a limited number of urinalyses or blood counts. The anesthetist could be taught by a physician to perform these simple procedures.

It would also require only a relatively short period of training for the anesthetist to learn to make electrocardiograms or to operate the basal metabolism apparatus. Basal metabolism tests must be made in the morning, but it might be possible to adjust the operating schedule so that it would start later on one or two days a week, after the metabolism tests were completed. The electrocardiograms can, of course, be made at any time.

The combination of general nursing duty or supervision of a floor with anesthesia is the poorest of all combinations for several reasons. Most anesthetists have taken a special course in anesthesia primarily because they are interested in that specialty and wish to be relieved from general nursing in order to devote themselves to their chosen field. If the anesthetist is doing general duty it is sometimes impossible to obtain another nurse to relieve her promptly. When she is finally free to go to surgery the patient may be waiting and quite disturbed, the surgeon scrubbed and impatient, and the nurse will be hurried during the most important part of the anesthesia. So far as supervision of the floor is concerned, circumstances on the division may be such that while giving the anesthetic she will feel under great tension because of the pressure of numerous and conflicting responsibilities.

In addition to devising a satisfactory combination of duties, several other factors must be considered if a capable person, skilled in a highly specialized field, is to be attracted to the small institution. It is easy to excuse the lack of adequate personnel and to attempt to justify executive negligence in this matter by the assumption that capable anesthetists would not be content to live in the small community. As a matter of fact, it is not difficult to find outstanding persons who prefer living in such communities and who particularly enjoy the friendly atmosphere in the small institution. Modern facilities for transportation now make it possible to live outside the congested areas and still enjoy the privileges to be found there. If employment conditions are properly arranged, the anesthetist can keep in contact from time to time with what is being done in the larger medical centers.

The anesthetist will become extremely dissatisfied and unhappy and her outlook on life will perforce be narrowed if she is forced to be on call twenty-four hours a day, week in and week out, with no opportunity to know what is going on outside her own small circle. In addition to planning her schedule so that she may have a reasonable amount of free time, arrangements should be made so that she can attend the state and national meetings of the organized group of nurse anesthetists. Obviously, she will feel that she is losing ground if it is not possible for her to keep in touch with new ideas and developments. Furthermore, it is even more important for her than for the anesthetist in the large institution to keep up with progressive ideas in this way, because she is alone and must be prepared for every emergency that arises and for every type of anesthetic required.

Visits to Other Institutions

The salary in the small hospital should be attractive, allowing for the expense of the frequent visits to outside medical centers which are necessary to offset the lack of broad experience and educational opportunities in her own institution. The hospital will gain financially in the long run by such a policy because it tends to increase the efficiency and loyalty of a valuable worker.

The administrator in the small hospital must recognize his responsibility in the solution of these problems. If they are to be met adequately he must recognize that the administration of anesthetics is an important service of the hospital; that it demands a skilled worker who must be made to feel that she has an established position in the institution and in the community, and that the person chosen for the work must receive material compensation commensurate with her abilities and responsibilities.

Head Nurse as Administrator

GRETTA SYMINGTON

THE head nurse in charge of a ward is an important member of the hospital personnel. At her desk the main threads of hospital life converge to spread again to those workers who are directly in contact with the all important patient. To her desk come manifold official instructions and much depends on her thoroughness, her loyalty and her judgment as these orders are transmitted to others.

More than any other person in the institution the head nurse is responsible for promoting or impeding the policies and the procedures developed by the hospital authorities. It is essential, therefore, that the head nurse be the well-poised, well-prepared executive and teacher that the position demands.

The administrative duties of a head nurse occupy the greater part of her hours of duty. Her teaching responsibilities to the patients, hospital employes and student nurses are of necessity delegated to a secondary place as far as time allotment is concerned. The percentage of time given to administration varies greatly in different hospitals depending not only upon the organization but also upon the traditions of the hospital.

Time Study of Head Nurse's Work

An interesting time study on the work of the head nurse was done by the University of Minnesota with funds from the Civil Works Administration. This study was reported in the November 1934 issue of the *American Journal of Nursing* and showed that in three hospitals the head nurses spent 33.1 per cent of their time in administration as against 7.2 per cent in teaching and 22.5 per cent in supervision. An earlier study directed by Blanche Pfefferkorn at Bellevue Hospital, New York City, disclosed that "approximately 90 per cent of the head nurse's time is absorbed in duties of a purely administrative nature."

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In the majority of hospitals the head nurse has so many administrative duties that only by sound planning and skillful execution can her dual rôle of teacher and administrator be fulfilled. Her administrative work and her teaching program must be planned and organized with a view to educational as well as service aims and so dovetailed that one supplements and strengthens the other without waste of effort.

Nursing service to the patient is a major administrative responsibility. A good head nurse makes the best possible use of available equipment, supplies and hours of nursing service in order to promote the welfare of the patient. Too often, the head nurse feels that the solution to good nursing care lies only in improved equipment, increased supplies and more nurses. These may be necessary but an unemotional study of the situation will usually show the need for more teaching, more constructive supervision and better personnel administration on the part of the head nurse.

Clinical teaching based on the study of individual patients should make the nurse patient conscious rather than disease conscious and problem conscious rather than technic conscious. Supervision as an administrative device must be cooperative and creative to encourage the pride of workmanship, initiative and self-reliance that are essential to efficient performance of duties. To avoid confusion, which breeds poor nursing service, the ward personnel must willingly accept the head nurse as a leader; and a leader, as Thorndike reminds us, is "an impartial expert." The staff under an impartial expert becomes loyal, enthusiastic and progressive, striving to give the best possible care to the patients in the institution.

The ward housekeeping must be maintained at a high standard and, in the end, this is the responsibility of the head nurse for it concerns the comfort and safety of the patients. The initial instruction and the general supervision of maids, janitors and orderlies should not be delegated to the head nurse but to the executive housekeeper, if there is one. The head nurse, however, should collaborate with the housekeeper in setting up written lists of the specific responsibilities of these workers on her floor with the hours for performing certain daily routines. These lists must be approved by the department of nursing as well as by the housekeeping department in order to ensure a certain uniformity of policy throughout the hospital. The head nurse must take time to know that the housekeeping duties are carried out in the approved manner. If they are not, she must give added instruction; if this is not effective, she should report the situation to the housekeeper.

Responsible for Equipment

The proper use of equipment and supplies must be continually promoted by the head nurse. Changes in patients and in the ward staff make it necessary to remember Bruce Barton's admonition to advertisers, "You are not talking to a mass meeting; you are talking to a parade." To see that all equipment is in good repair, to keep the ward unit supplied with materials in an adequate but not extravagant manner for daily and emergency use and to see that supplies are properly stored and judiciously used require time and executive ability. The head nurse must have the cooperation of the entire staff. Mimeographed or printed forms for ordering supplies, taking inventories and requesting repairs should be provided.

In some hospitals the head nurse is assigned a budget to guide her in ordering supplies. This is helpful but represents only one phase in ward economics and sometimes leads to additional clerical work for the head nurse. Another plan is to have the head nurse periodically informed by the business office of the average cost per patient on her unit. The following form has proved useful:

Time studies have revealed that the head nurse spends the greater part of her time doing work that is of a purely administrative nature, such as assigning duties to the nursing staff, seeing to it that equipment is kept in repair and supervising records and reports.

Labor: graduates, students, maids, orderlies
Material requisitions
Meals
Overhead: laundry, other
Direct profit or loss
Total cost
In-patient days
Average cost per day

The prevention and reporting of accidents are important in relation to both patients and hospital personnel. Foresight, safe equipment and constant supervision of work are required to prevent accidents. The head nurse must also know that the members of her staff are in good health so that they will be physically and mentally alert to protect themselves and others.

Assignment and rotation of duties for graduate and student nurses within the ward are responsibilities of the head nurse, the supervisor or the ward instructor, depending on the hospital. This procedure must be carried out with regard to the educational needs of the graduates and students as well as to the service needs of the floor. The head nurse must assume much of the responsibility for seeing that the work is done and that it is done on time and by acceptable methods. This means supervision of graduate nurses on both general and private duty to see that procedures are carried out according to the hospital's routine, the doctors' written orders and the needs of the individual patient. With student nurses there is often the added responsibility of teaching the procedure.

Many noneducational, nonnursing duties that are carried out by students might well be assigned by the head nurse to subsidiary workers provided the assignment follows the policy of the nursing department. Graduate nurses from other hospitals who are newly appointed to the staff require special assignments and instruction until they learn their new duties. Orientation to the hospital should be taught in the classroom but teaching orientation to the head nurse unit is the head nurse's responsibility.

The receiving and directing of visitors might well be assigned to a floor secretary who could be either a nurse or a nonprofessional worker, but the patient's family should never be deprived of the satisfaction of knowing and talking to the head nurse who is responsible for the nursing service to the patient. Mary Marvin Wayland in her book, "The Hospital Head Nurse," makes a pertinent statement when she writes: "The head nurse must reflect the humanity of the hospital as well as the efficiency."

The keeping of records and the supervision of reports made by the nursing staff require a large proportion of the head nurse's time. In the last decade or two many factors have added to the amount of clerical work she must do. These factors include increased medical research; more ward teaching of patients, nurses and doctors; additional and more complex forms of therapy, and more detailed systems of cost accounting. To keep the business office, the nursing office and the medical staff satisfied with the accuracy and prompt execution of records is no small task and necessitates increasing the ratio of workers as the demand for record keeping mounts.

Much of the nonprofessional clerical work may be done by a secretary working under the supervision of the head nurse. Duplication of records is to be avoided and the forms provided should be as simple as possible while giving all necessary information. Personnel records are required in the majority of hospitals, but often no form is provided for the purpose.

In fulfilling her many obligations as an administrator the head nurse must never fail to see her work in its relationship to the hospital as a whole. In her many contacts with others she must promote what Ordway Tead calls "a sense of associatedness." To do this she must realize that, in Mr. Tead's words, "this sense of associatedness does not arise spontaneously. It arises as each member is mobilized and led into such a sense. From the individual's point of view to be so led becomes a moral right. From the leader's point of view so to lead becomes a moral responsibility."

The head nurse's administrative responsibilities are always extensive although they may vary in different hospitals. All head nurses will agree, however, that this work is satisfying because it permits personal growth as well as service to others.

The Function of the Trustee

CHARLES N. FINDLAY

IN REVIEWING recent literature concerning the duties and responsibilities of boards of trustees, it appears that there is considerable difference of opinion as to the major function of a hospital board of trustees. Some of the divergent points of view that have been expressed are as follows:

"The board of trustees of a hospital is primarily responsible for maintaining its finances and policies."

"The chief function of the board of trustees is to be responsible for the efficiency in the purchase of hospital service with the community's dollar."

"The study of new and improved equipment and apparatus should be the major interest of a hospital trustee."

"The greatest responsibility of any hospital board of trustees is for the professional standards of the hospital."

"The chief concern of the trustee should be the supervision of the physical plant."

Policy Making Is Chief Duty

Everyone will agree that the duties of a board of trustees as outlined by these commentators are pertinent to the successful government of the hospital but they should not, in any sense, be considered the major functions. The principal duties of a hospital board of trustees are to determine upon and adopt such policies for the operation of the hospital as will assure to all patients the benefit of the most modern facilities and progressive and efficient methods in care and treatment, and to make certain that the hospital is being operated in such a manner that it and the members of its families will want to use its facilities in the event of serious illness or injury.

If the governing bodies of our hospitals will adopt this elementary principle as a guide in discharging their duties, there will be no occasion to ask the question: "How much should the trustee come into the administration of the hospital?" However, there are many pertinent factors that enter into the relationship of the trustees with the administrator.

One instance came to my attention recently wherein the administrator made a concerted effort to keep the trustees from knowing what was actually happening in the administration of the hospital and, in addition, refused to carry out administrative policies adopted by the board of trustees. Of course, such an attitude is not conducive to good hospital care and subjects the hospital to adverse criticism by the people in the community who use its facilities.

Such an attitude on the part of the administrator indicates that he is not qualified to direct the activities of the hospital and that the trustees did not use the same judgment in selecting an executive director for their hospital as they would use in selecting a person to manage their private business. The American College of Hospital Administrators, through its encouragement to young people entering the field and through its assistance to administrators already in the field, should be able, in the not too distant future, to induce trustees to use more adequate methods in making their appointments.

Another factor that manifests itself at times in the relationship of the administrator to the trustee is the question as to who shall have the final authority in the selection of department heads. In recent years, this has not constituted a serious problem because the majority of trustees realize they are not qualified to judge the qualifications of a department head They regard it as the duty of the administrator to negotiate with, employ and supervise his subordinates in the hospital if proper morale is to be maintained. Of course, it is assumed that if the administrator is capable and there is utmost frankness between the administrator and the board of trustees, he will consult with his board concerning the employment and discharge of major heads of departments and the board will delegate to him the final authority in this respect.

Administrator Is Liaison Officer

In order not to undermine the discipline of the hospital and in order to maintain a harmonious organization, it is necessary that no official contact be made between the board members and department heads or their subordinates without the presence of the administrator or his representative. Of course, the trustees should know what is going on in the hospital, but it is assumed that a capable administrator will keep his board of trustees honestly informed as to the functioning of the various departments, thereby eliminating any necessity for the trustee to contact the hospital personnel in an official capacity.

In reviewing the relationship of the administrator to the trustee, consideration should be given the advisability of the administrator's attending meetings of the board of trustees. It is difficult to conceive of a board of trustees holding a meeting to consider the needs of the hospital and to review the reports of its operation without the presence of the administrator or his representative, especially if there are major items of business to be decided that affect the operation of the hospital.

If there is to be no need for the trustee to enter into the actual ad-

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ministration of the hospital, however, it is essential that the board should make it possible for the administrator to be in attendance at the important state and national hospital meetings and to encourage him to take part in their programs. The rapid broadening of hospital service in recent years has imposed upon administrators increased and varied responsibilities. Therefore, if administrators are to be progressive in their work and to be cognizant of what constitutes good hospital care, they certainly need to be kept informed as to the latest hospital procedures and to learn of the new innovations in equipment and supplies.

In some instances, well-qualified hospital administrators have reverted to the mediocre class owing to lack of encouragement and appreciation of their services and to the strict adherence of "tradition," which is a dominating characteristic of some boards of trustees. We often hear them remark: "We have always done it this way" or "Why not let well-enough alone?" Such an attitude, of course, retards progress to the extent that service to patients is below standard, equipment becomes obsolete and methods of operation become antiquated. In these modern times, doctors, patients and personnel know the difference between a well-managed and a poorly managed institution. If we are to prevent our people from migrating to other more progressive institutions, it would be well for us to make a careful self-analysis to determine whether the strict adherence to tradition has a place in the operation of our institutions.

Boards of trustees would undoubtedly be content to leave the details of administration entirely in the hands of their administrators if they had a greater conception of the hundred and one problems that must of necessity be handled by the administrator each day. However, it is fair to say that our hospitals are being more efficiently operated today than in years past, because of greater recognition and understanding on the part of trustees as to what is involved in their conduct. One thing should be kept uppermost in our minds and that is that the board of trustees is the supreme authority in the government of the hospital and is held responsible for its success or failure.

We are informed that if hospital work could be classed as an industry, it would rank fifth or sixth in this country. Few of us realize that we have invested in our hospitals more than $4,000,000,000, that we spend approximately $1,500,000 a day for pay rolls alone and that $1,000,000,000 is spent each year in maintenance.

When we take into consideration the magnitude of our great humanitarian institutions and realize the tremendous task our trustees have volunteered to assume in discharging their obligations, we will have a greater appreciation of the fact that trusteeship is a position of public trust and one of unlimited responsibilities, and, as such, is worthy of highest commendation.

Inventory for Preparedness

Suggested by the Trustees of the New England Hospital Assembly

CLINICAL STAFF

List active members of the staff who are subject to call to national service.

Take inventory of the courtesy staff members and consulting members who may be called into service at the hospital.

Take inventory of the other physicians of the community who may not be attached to or connected with the hospital. Tentatively assign places for these doctors to work in order to carry on the staff work of the hospital.

NURSES

Take inventory of the staff nurses to learn which are subject to call for national service.

Take inventory through the nurses' alumnae association of older graduate nurses who are married who would be available for service in the hospital in case of necessity.

TECHNICIANS—Laboratory and X-Ray

Take inventory of technicians along the lines suggested above.

Consider training other technicians in order to have them available for this work.

WARD HELPERS

Consider the places in which ward helpers may be fitted into the program and perhaps an extension of the work that the ward helpers do.

SURGICAL INSTRUMENTS

Have instruments on hand to assure the efficient and smooth running of the hospital.

SUPPLIES

Take steps to have a sufficient supply of gauze, cotton, drugs, linens and food and make an effort to guarantee continuance of necessary supplies.

EMERGENCY BEDS

Make a survey of the hospital and list locations in which additional beds could be placed for emergency use. (Supplies and equipment necessary for these.)

POOLING OF RESOURCES AND PERSONNEL

Combine the resources of the laboratory, x-ray and anesthesia departments to continue giving adequate service to the community, both within your hospital and with other hospitals in the neighborhood.

Combine hospital and public health laboratory facilities, if possible, to continue the essential work of both.

AID ASSOCIATIONS

Inventory the aid associations as to what reserves they have and where they could be fitted advantageously into the hospital activities.

ECONOMICS

Consider the economics of the hospital. With the incresaed demands for personnel in other fields of activity, it may be necessary to increase the hours and amount of work to be done. This will mean wage increases for additional work.

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Major Operation on a Power Plant

HUBERT W. HUGHES

A MAJOR operation on a patient is a daily occurrence in most hospitals, but a major operation on a hospital power plant is not. The diagnosis, procedure and result of such an operation performed at St. Anthony Hospital, Denver, might be worthy of note.

Realizing that the cost of a major modernization program on a boiler plant can be justified only by taking advantage of the economies made possible by new and improved equipment, we proceeded as follows:

The case history showed no acute condition but a combination of minor ills that demanded attention.

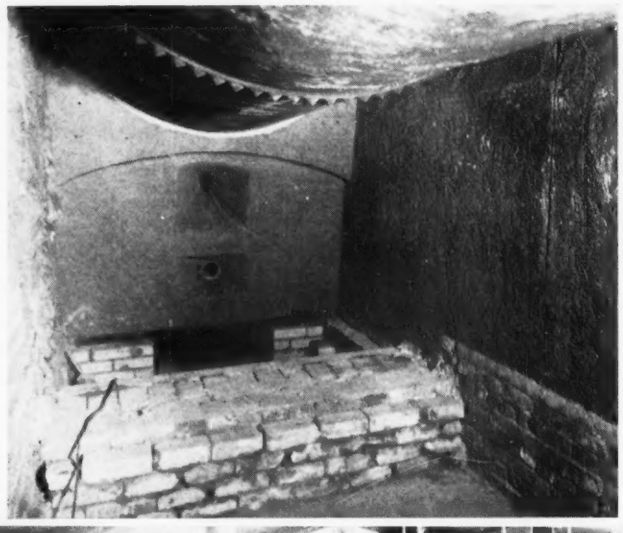
The boiler plant is really the heart of the institution and few realize the leakage that can creep into the plant budget when steam loads are growing and operating efficiency is declining. The boiler plant at this institution, like numerous others, had grown from a modest beginning and was now being expected to carry new and heavier responsibilities.

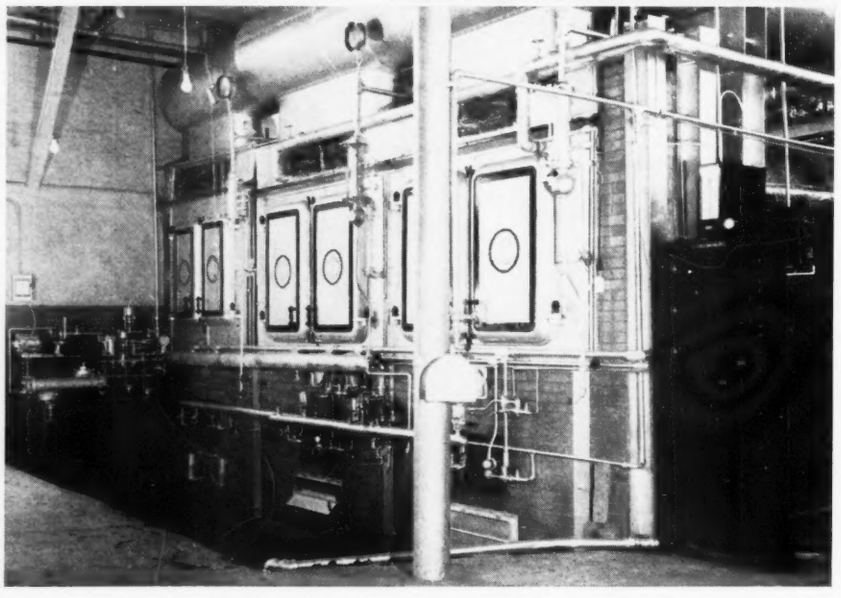
Such was the status of our case in the fall of 1939. In addition to requiring high pressure steam for cooking, sterilizing, laundry and water heating, a large low pressure heating load was to be added to the present load by a new building unit, a nurses' home. Should a separate heating plant be installed in the new building or should the present plant be investigated as to the possibilities of improving its operation to carry the full load?

Sufficient installed horsepower (350 h.p.) was available in the central heating plant on the three horizontal tubular boilers, but considerable work would be necessary to remodel the furnace settings and repair the old underfeed stokers, which had been in use for more than twenty years. Coal and ash handling equipment had never been installed and all of these factors led to the question, "Why not operate?"

A major operation? A minor operation? So it went. The "minors" were in favor of repairing the old stokers and furnace settings, while the "majors" advocated changing the fuel from coal to oil with a fully automatic oil burning installation that was certain to carry the contemplated load with far greater efficiency than would be possible with coal.

Advantages, disadvantages, cost, smoke, cleanliness—all were argued pro and con with the final decision that the central heating plant needed a real major operation. Furnace linings were to be completely rebuilt; stokers and fans were to come





Right: Showing the side and front wall of the new oil burning heating equipment. The observation port is at the top of the front wall and the oil burner port at the bottom. Below: The heating plant as it looks since its "major operation."

Mr. Hughes is business manager of St. Anthony Hospital, Denver.

RAPIDLY LETHAL FOR PATHOGENIC ORGANISMS

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Mercresin, as shown by careful studies in accordance with the most exacting technic, is highly germicidal against a wide range of pathogenic micro-organisms. Of major importance, it almost instantly destroys staphylococci; it rapidly kills streptococci and colon bacilli. The presence of blood serum reduces but does not destroy its activity.

Mercresin contains 1 part to 1000 each of Mercarbolide (orthohydroxyphenylmercuric chloride—Upjohn) and Pentacresol (secondary amyltricresols—Upjohn) in a vehicle of 50% alcohol, 10% acetone, and 40% water. It is ordinarily employed undiluted for preoperative preparation of the skin, lacerations, and the like. When indicated, however, its great reserve capacity permits it to be diluted with water as much as 15 times without losing its ability to meet the standard test for a germicide.

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out; complete automatic combustion control, oil tankage and pumps were to be installed. These items, together with the elimination of old and unnecessary piping and a general program of pipe insulation, were to result in a clean, neat and completely automatic oil burning installation for St. Anthony Hospital.

These were the problems confronting the chief engineer of the hospital. In order to justify burning oil as a fuel to replace coal it was necessary to find a reliable source of cheap oil that could compete directly on a Btu. basis. Residuum fuel having a gravity of between 24 and 26 was available. This oil, running 145,000 Btu. per gallon and having a pour point of 110°F., was directly competitive with coal.

Several different types of oil burning systems were investigated and it was decided to use steam atomizing pressure equipment. This type of burner together with heated storage tanks, motor-driven oil pump and thermostatically controlled flash heat exchanger comprised the oil burner equipment selected.

What about combustion control? Burning residuum fuel in a plant of this size presents its difficulties inasmuch as it is not adaptable to an electric igniting pilot. The load being carried in this plant varies from an extremely low rating to full boiler rating, a type of operation that does not lend itself to either an on-and-off control or a high-low burner operation. The burner control (combustion) selected was a fully proportioning control unit, controlling both the steam pressure and furnace pressure by proportioning the fuel input to the air for combustion and operating a duplex steam and oil valve in the line to the oil burners.

The burners that were to be controlled were arranged to operate with the control unit so that one control was used to operate any one of three boilers singly or all three operating under full floating and proportioning combustion control.

Incorporated into this combustion control is a flame safeguard system operating on the gas fired pilot lights. This gives full protection to the operation of this plant burning heavy fuel oil because the oil supply is arranged so that any individual burner is cut off whose pilot light has failed. The control is designed to continue its operation should there be more than one boiler on the line at the time of failure of one of the units. The boiler remaining on the line automatically takes up the additional load caused by the shut-down of one boiler by pilot failure. If any unit fails, it is necessary to relight it manually.

The installation of this fully automatic combustion control ensures the maintenance of predetermined combustion conditions for all loads and, thereby, results in the highest possible efficiencies throughout the entire operating range of any combination of boilers that might be on the line.

The largest part of the work entailed in converting the system from coal to oil was the rebuilding of the furnaces themselves and adapting them to the use of oil. This work was done by regular hospital labor under supervision. It was decided to use fully monolithic plastic construction to replace the fire brick setting. The type of construction used is illustrated in the accompanying photograph, which was taken during construction. This picture was taken from the rear of the boiler and shows the left side of the furnace and the front wall completed.

Note the observation port at the top of the front wall with the oil burner port at the bottom to fire over a checker floor. The two ports at the side of the oil burner port are the gas pilot and the flame control openings.

Realizing that a boiler plant is an indispensable factor in a hospital and that it must be as nearly 100 per cent reliable as it is possible to make it, this operation was performed with the major objective of obtaining reliability and economy through efficiency—and it was a success.

Electrical Service at Ellis

IN DESIGNING the electrical installation for the new addition to Ellis Hospital, Schenectady, N. Y., the architects and engineers endeavored to obtain the best type of equipment in order to minimize the possibility of interruption of service.

It was, therefore, arranged that two separate sources of electric current should be supplied the hospital, one service to terminate on Rosa Road and the other, on Nott Street. From these two separate points the hospital has extended services underground to a new main switchboard located in a building adjacent to the boiler room. One of these services was donated by the New York Power and Light Company.

The switchboard has automatic changeover equipment that will operate immediately upon the interruption of either source of supply, transferring the entire hospital load to the remaining service. New feeders were extended from the new switchboard to the various distributing points that are located in both the old and new buildings.

The hospital is now equipped with the latest type of fire alarm system and an up-to-date doctors' paging system. The paging system is connected to all of the hospital buildings so that the doctors can be reached promptly by means of a flashing signal which shows on annunciators in the corridors.

The nurses' call system is of a standard type and is operated by a push button located at the patient's bedside. Pressing the button causes a lamp to light at the nurses' station and at the same time sounds a buzzer. Any call that is not answered within four minutes is automatically indicated on a master unit in the superintendent's office so that the patients are assured of prompt attention at all times.

A radio aerial system was also installed with an especially constructed aerial placed on the roof from which separate cables are run to each bed location in the new building, thus providing aerial and ground connection for individual radio sets.—R. H. WHITE, *chairman of the building committee, Ellis Hospital, Schenectady, N. Y.*

M. BURNEICE LARSON, DIRECTOR

APPLYING PREPAREDNESS TO PLACEMENT

In the medical and hospital fields, finding an individual with the right professional background, plus personal capacity to succeed in a given appointment, is becoming increasingly a problem. As hospital standards are raised, personnel requirements become more rigid and the number of men and women meeting the new requirements is reduced.

For the individual qualified to undertake increased responsibility in his chosen phase of medical or hospital service, personal methods of learning what opportunities exist and carrying on negotiations are admittedly too limited and time-consuming.

The Medical Bureau is the recognized placement organization in these fields. It is constantly in touch with most openings—most applicants. It maintains comprehensive files in which essential information regarding opportunities, and individuals, is accessible at a moment's notice. Medical Bureau methods make it possible to take care of emergency calls with surprising celerity. But in each instance most effective results are obtained when time permits a complete presentation of alternatives.

The needs of your institution—or your qualifications as an individual seeking advancement—should be made known to The Medical Bureau as soon as the needs become apparent, or a concentrated effort toward advancement is contemplated. This is modern Preparedness in Placement. Write today for enrollment forms.

The MEDICAL BUREAU

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PALMOLIVE BUILDING, CHICAGO

Emergency Truck Saves Lives

J. EARL MURPHY, M.D.

DURING the last ten years Dr. B. C. Leech, director of the department of anesthesia at Regina General Hospital, Regina, Sask., has visited numerous operating theaters throughout the United States and Canada. During these visits he noted that in no two hospitals was there any standardization of satisfactory emergency equipment. Some operating room suites were expensively and well equipped but in no hospital did he find every theater fully equipped for any emergency.

During 1938, at Doctor Leech's suggestion, we built a simple "anesthetist's emergency truck" in an attempt to fill the need for simple and inexpensive emergency equipment. We had in mind something that could be adapted for use in all operating rooms. At present we think our truck has more than proved its worth and has amply filled this need at the Regina General Hospital. Since the inception of its use in November 1938, we have never had to send for more than one thing in any operating room emergency. Always the truck has met the requirements of the anesthetist. It services not only our six main operating rooms but the obstetrical delivery rooms, fracture and cast rooms, x-ray department, emergency dressing rooms and out-patient department; occasionally it is used on wards.

The truck consists simply of a cabinet mounted upon four uprights to which are attached rubber casters for mobility. This cabinet is divided into 12 large compartments. Some compartments are subdivided into small units for such items as drug ampules; others are large enough to hold a laryngoscope and tracheotomy set. Each compartment is labeled as to its contents.

The lid of the cabinet is sloping in order to discourage anyone from placing articles on top of it and, when raised, stands upright and presents a free surface on which are fastened sheets listing the contents of the compartments and giving instruction in some of the commoner emergency procedures.

There are eight large compartments containing the following articles: (1) glass syringes and needles of various kinds and sizes, sterile and in packages; (2) alcohol and sterile gauze containers; (3) complete cutting down set for veins, sterilized and wrapped; (4) emergency tracheotomy set, sterile and wrapped; (5) sterile gauze dressings; (6) endotracheal catheters of all sizes; (7) sterile towels, wrapped, and (8) a laryngoscope with at least two blades and spare batteries and bulb.

Emergency anesthesia truck showing compartments in which drugs and supplies are kept.

In addition, there are 16 smaller compartments containing ampules of drugs ready for immediate use. The drug list is variable, for even during the last two years our original list has become obsolete because more efficient drugs have come into use. The drugs we are currently using are: adrenalin chloride, alpha-lobeline, benzedrine sulphate, calcium gluconate, camphor-in-oil, caffeine sodiobenzoate, coramine, digitalone, ephedrine hydrochloride, luminal sodium, metrazol, neosynephrin hydrochloride, pantapon, pentothal sodium, picrotoxin, pitressin and strychnine.

The total cost of constructing the truck, including the hospital carpenter's time and the cost of lumber, did not exceed $20.

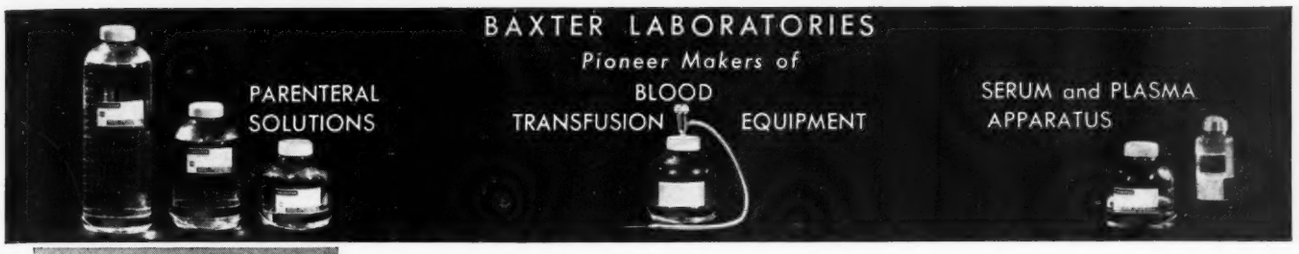
As to the cost of the contents, we found that all the equipment necessary was available from some department in the hospital. We might also state at this time that the more expensive equipment, such as the laryngoscope and surgical instruments, is always standard in any modern operating room. In our case, the surgical and anesthesia departments supplied our equipment from their emergency supplies. However, the actual replacement cost of the truck, completely equipped, is as follows:

Truck construction	$ 20
Laryngoscope	47
Endotracheal catheters	12
Emergency tracheotomy set	45
Cut down venous set	15
Syringes	5
Needles	3
Jars for alcohol and sterile sponges	2
Drugs	10
Total cost	$159

In spite of the simplicity of the truck, we would never be without it in our hospital. Before its introduction, surgical patients often were knocking at death's door for lack of immediate emergency treatment. Such a situation is indeed a rarity now.

The truck has done away with the unnecessary confusion that so often occurs during anesthesia emergencies. This fact alone has made for smoother anesthesia because, in trying or difficult surgical cases, the anesthetist has a sense of security hitherto not felt. From my own personal experience during the last two years, I can recall four occasions upon which the emergency truck has saved a life.

Doctor Murphy is deputy director, department of anesthesia, Regina General Hospital, Regina, Sask.



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- Centrifuge equipment . . .
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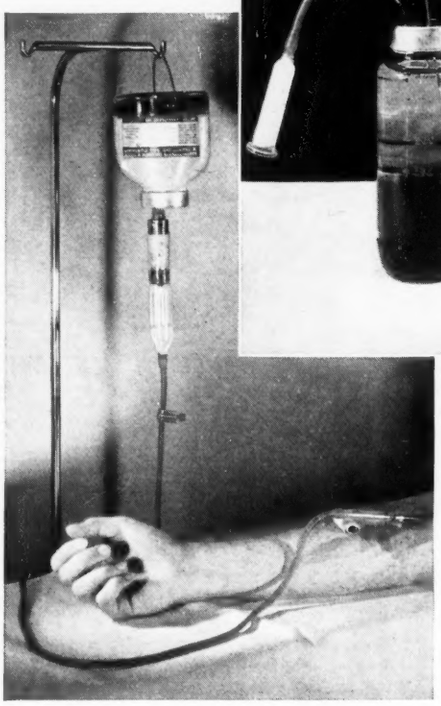

Top—Centri-Vacs after centrifuging, showing plasma separation.

Center—Aspirating plasma into the Plasma-Vac for infusion without break in asepsis.

Left—Utilizing the aspirated plasma for infusion with continued unbroken asepsis.

On request, Bulletins discussing
- PARENTERAL SOLUTIONS
- BLOOD TRANSFUSION
- SERUM AND PLASMA PROCEDURE (with clinical bibliography)

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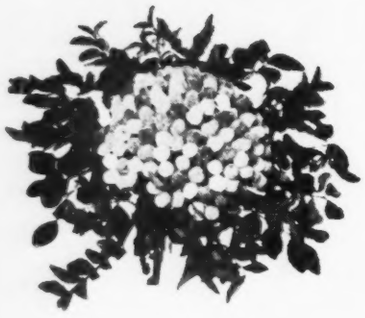
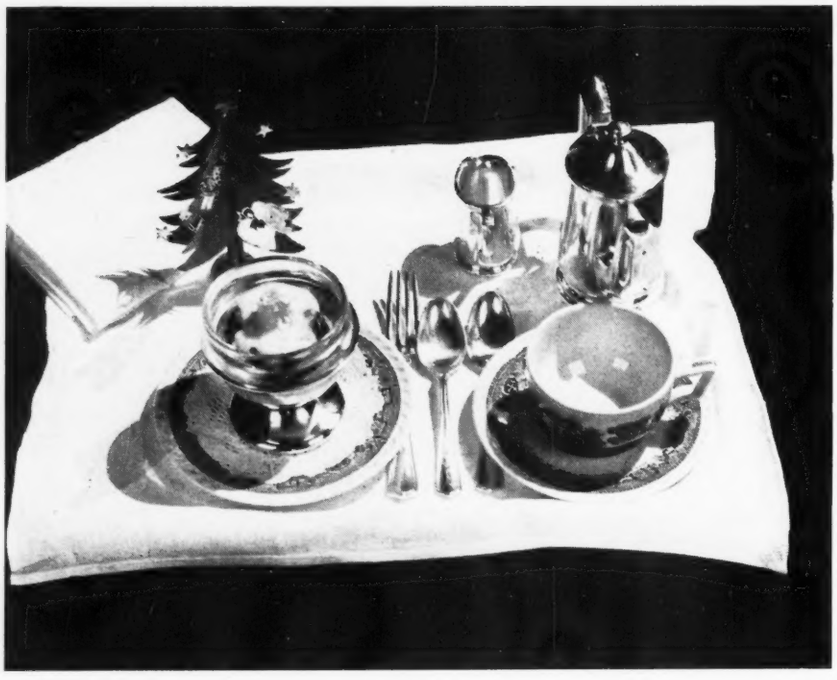


Saying "Merry Christmas"



It's not difficult to construct a Christmas tree from red or green paper.

CHRISTMAS in the hospital? Of course, it's going to be a merry one—just wait and see the happy smiles when those trays full of steaming hot food, all suitably dressed for the occasion, are distributed to the various rooms. There will be plenty of Christmas atmosphere if the superintendent and the dietitian have their way, which they will.

The chances are they already have had their heads together contriving means by which attractive decorations and favors may be obtained at minimum cost. "But we did that last year. What can we do that will be different?" There is a search for the scrapbook in which all sorts of suggestions are kept, cut from magazines and books during the year. "Wouldn't it be wonderful if we could have—! Yes, of course, it would be lots of work, but then Christmas comes only once a year."

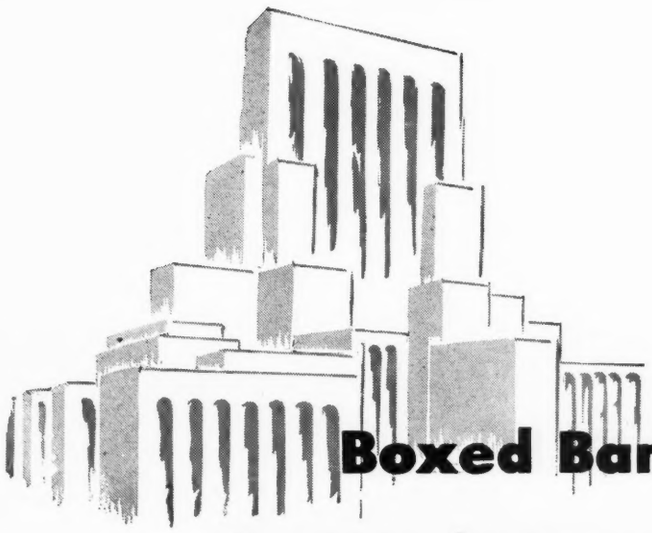
It's probable that they are referring to the jolly little figure of Santa Claus that is amusing, as well as extremely decorative. A medium-sized red apple, rubbed and polished until it shines, is the first requisite. This becomes the body. Next, old St. Nick must have a head. Here is where the useful marshmallow plays its part and, incidentally, it's amazing what can be done with these candies. It's hard to imagine a tray favor without them! A toothpick secures the head to the body and now we are ready for the delicate operation of providing Santa with eyes, a nose and a mouth.

It doesn't require much imagination to visualize what can be done with cloves for the eyes, a tiny round red candy for the nose and a red cinammon candy for the mouth. Don't discard the cloves quite yet. We'll use them for buttons on the old fellow's belt which we now proceed to glue around his rotund middle. A piece of cotton cut in a quarter inch strip will do the trick. Another strip applied from the stem to the blossom end of the apple will form a panel. Now we insert the cloves for buttons. Cranberries stuck on a toothpick will do for arms or, if we would be more realistic, cotton wrapped toothpicks covered with red paper. Raisins can also be substituted for the cranberries. Already he begins to look like his jolly old self. One or two finishing touches and he will be complete. Some fluffy white cotton for the beard, for example, will work wonders; so will a triangular piece of red crêpe paper for the hat. There we are, and if he doesn't rouse a smile standing on the Chistmas dinner tray nothing will.

We have already referred to the important part that marshmallows play in creating Christmas favors. What about making them serve as candle holders? It may sound difficult but it's really quite simple. A Life Saver candy is affixed to the marshmallow to form the handle. A 2½ inch circle of red cardboard is the saucer, and a red candle is stuck in the middle of the marshmallow. All that remains is to tie a piece of narrow red ribbon around the marshmallow and light the candle.

It isn't a much harder task to make a more imposing candle holder if that seems to fit in better with the decorative scheme. Sometimes these candle holders are used to adorn the trays on Christmas Eve. The base is a silver star which can be cut out of cardboard covered with silver paper, or a place card can be substituted for that matter. In the center is glued a large green gumdrop in which a red birthday candle is inserted. As an added touch a green ribbon bow can be tied on the candle.

But we want to do something different! Hospitals have been using Santa Claus figures and candle hold-



Boxed Bananas are Convenient and Economical for Hospital Use

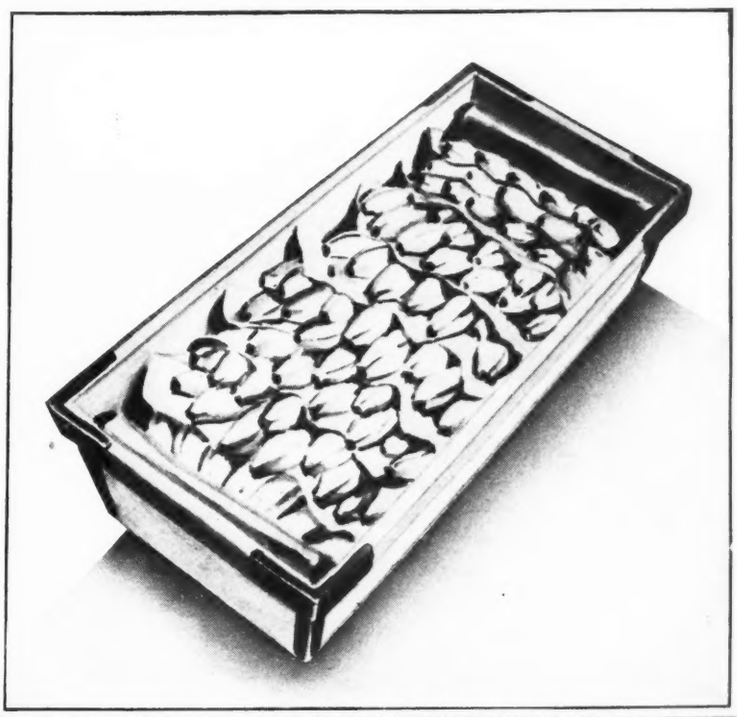
"YES, we have Bananas today," says the modern hospital, "and they're boxed for more convenient use. We've found the detached hands packed in boxes a great improvement over the old purchase-by-bunch method."

An increasing number of hospitals and institutions agree. Naturally so, too, for the reasons are easily understood. Boxed Bananas are relatively uniform in quantity, size and degree of ripeness; relatively free from bruises; dependable for accurate planning of quantity serving; more convenient and satisfactory to use. Finally, boxed Bananas are more economical because there is practically no waste.

If you haven't tried boxed Bananas, why not specify them when placing your next order? When you receive your Bananas, place them in a room with a comfortable temperature (65 to 70° F.) and let them ripen completely until the golden peel is flecked with brown and the pulp is mellow.

Today Bananas are used by hospitals and institutions in numerous special diets and served in many tempting ways. This bland, nourishing fruit—well liked by most people—contains vitamins A, B_1, C and G as well as many important minerals. It thus helps protect against deficiency in the diet.

For free tested Banana recipes in quantity proportions, write to Fruit Dispatch Company, Home Economics Dept., Pier 3, North River, N. Y. C.



Include BANANAS on your menus regularly for both Patients and Personnel { **Few foods give so much value for your money!**

ers on their trays for years. Very well, if there is a five and ten cent store near by, see if it hasn't some of those tiny wicker baskets with covers, exact replicas of the old shopping baskets. They can easily be painted green and filled with tiny sprays of holly. A perky red ribbon tied on the handle will add to the effect. If this particular type of basket is not available, any other shape will do, provided it is small enough.

Undoubtedly, the women patients would like nothing better than a small corsage made of sprays of hemlock, holly berries and a bit of bayberry, or mistletoe. Tied with red ribbon and bearing a card with the name of the patient, this little souvenir will be cherished not only on Christmas itself but for several days after. The men would be just as impressed, no doubt, with the ingenuity displayed in creating miniature Christmas trees—sprigs of pine set in a spool painted bright red. Tiny red candies tied on the very tips will make it more realistic.

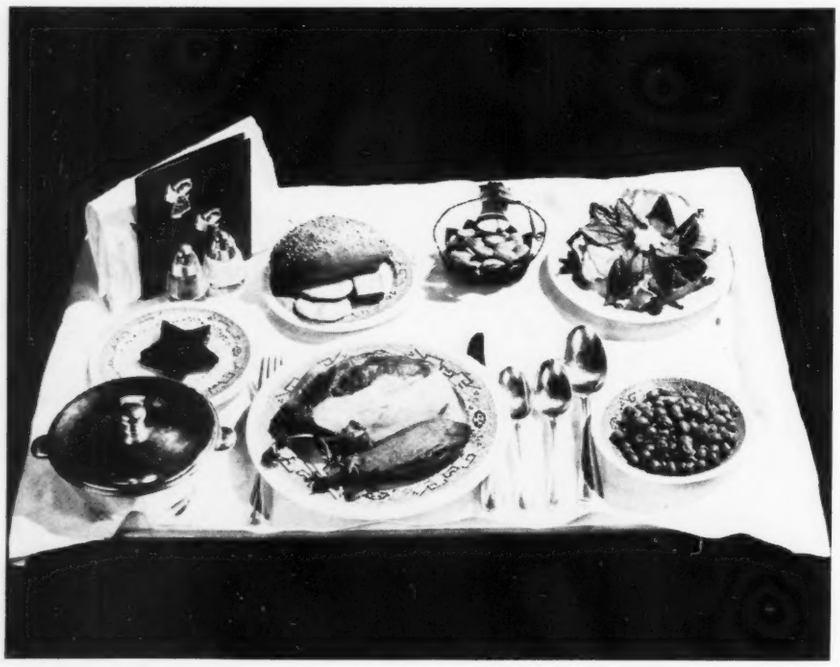
It may be difficult to find the right kind of fir or evergreen, of course. If so, why not create a synthetic tree? There is nothing very difficult about it once you get some red and green construction paper and do a little experimenting. A silver star of the gummed variety is affixed at the top and the base can be folded under to make the tree stand on the tray. A Christmas greeting is written on either the base or the tree.

Opportunities to be different are afforded by the many types of modern decorations that are so popular today. Christmas trees no longer have to be green; white or silver is equally appropriate, it seems, and we have even overcome our surprise at beholding trees fabricated of feathers and cellophane.

Tinfoil used for wrapping x-ray films has possibilities for Christmas trees, believe it or not. All that is necessary is to cut it in half inch strips, after which it is folded lengthwise over a ruler and crushed by pushing the ruler along. There you have the branches, although you may not realize it until they are placed on the framework or standard for the tree, which is plain, everyday stove pipe wire. It won't take long before even the rankest amateur will be able to fashion the tin foil into the shape of a tree. Then the standard is wrapped with foil and the tree is finished except for a colored star placed at the top.

When many hundreds of patients must be catered to, it would be wise to devise simple tray decorations, which should be none the less effective because of their simplicity. It would also be well to investigate to see whether all or part of the favor can be purchased at favorable prices, with the finishing touches applied by the hospital personnel. This will save much labor at a time when everyone is rushed.

The interest of outside workers, too, such as women's service groups, may be stimulated to help make Christmas in the hospital a happy time for all.



A gay cover on the menu, a Christmas bell tied on the nut cup and a salad in the shape of a poinsettia add cheer to the Christmas Day tray.

FOOD FOR THOUGHT

• Whether it pays the hospital to make its own ice cream depends on the facilities available and on the dietitian's ability to purchase ingredients at low cost.

At Roosevelt Hospital, New York City, Dorothy De Hart reports: "We made our ice cream for a period of years. Then the equipment began to wear out and we decided to buy for a while. Even though we were given a good price on ice cream and a rebate for large quantities purchased, we feel we can save money and have a better product by making it. It costs us exactly half as much to make the ice cream as it does to buy it. Furthermore, we can vary it to suit our own tastes, that is, if the chocolate is too strong we can reduce the quantity used whereas, in buying it, we would have to purchase from another company, as each has its own standard for flavors.

"Another point to consider is whether or not you have some person you can assign to making ice cream. Not that this is an all-day job, but it does require someone who will take the trouble to see that the temperatures are correct, the mixer is cold and the containers are clean, and who will exercise care in handling the equipment."

• Do you have your latest Gold Book No. 79 on "Turkey Purchase, Preparation and Service" by Alice Easton, published by The Dahls, Haviland Road, Stamford, Conn.? It costs 50 cents. The booklet contains pointers on purchasing and a table comparing the costs of chicken and turkey. There are menu suggestions and many recipes giving both small and large quantity information. You can't afford to miss this latest book.

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Practical for many diets including: diabetic, peptic ulcer, convalescent, anorexic, tubercular, colitic, aged, etc.	Contraindicated in diabetic, peptic ulcer and other diets.

Here's a Helpful New Book on

DIABETIC DIETS

★

46-Page Brochure Shows How Sugarless Diets
Can Be Improved and Varied With
KNOX GELATINE (U.S.P.)

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We have just prepared a new booklet which may save you time and trouble in preparing diets for your diabetic patients. It is called "Feeding Diabetic Patients—Young and Old."

The booklet contains a discussion of the principles of diabetic feeding, practical tables of food composition expressed in percentages of 100-gram portions, sample menus, and 33 pages of simple, economical and attractive recipes with composition and caloric value of all foods and recipes.

The use of Knox Plain (Sparkling) Gelatine is explained, with examples of how Knox Gelatine can give variety to appetizing "full-sized" meals without interfering appreciably with caloric requirements. (Knox is entirely free of sugar—85 to 87% protein.) It contains a majority of the known amino acids and has been shown to supplement protein of nearly every variety of food.

Also included in this booklet are typical dietary prescriptions representing Normal Carbohydrate Maintenance, Restricted Carbohydrate High Fat, Diabetic Reducing and Children's Diabetic diets.

The coupon below will bring you as many of these new diet booklets as you require, without obligation.

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Pointers on Choosing China

ELLEN HIBBARD

THE development of china has followed the physical and artistic development of the human race and it has been said that "the type of china produced at any given period is a true index to the state of civilization of that period."

The art of pottery making can be traced from the Egyptians, who made articles of crude wet clay, shaping them by hand and allowing them to bake in the sun, to our present methods, which enable the manufacturer to produce a ware of uniform quality and shape. Today, the firing is done in continuous kilns so that after the ware has passed through the various controlled heat zones it comes out a finished product. The crude potter's wheel has been replaced by a scientifically constructed and balanced jigger that is driven by electricity.

At present, the two most widely known products manufactured in the some 300 potteries of the United States are semiporcelain and "vitrified china." Use of the former is almost exclusively domestic, while the latter appears to be favored by hotels, restaurants and food institutions because of its nonabsorbent quality and translucence.

The china that is most desirable for institutional food service units varies according to the service given and to the clientele to be served. Whether the service is to be for a hotel, a restaurant, a school cafeteria or a hospital, each has some general, as well as some distinctly different, problems.

Chinaware should be purchased from a reliable and well-established manufacturer. This ensures ware of good quality and also promptness in obtaining replacements.

The china selected should be of high quality, with a tough, hard vitrified body. This fact is especially important in selecting hospital china because if the glaze should become broken, the porous body, which is exposed, is a favorable trap for the accumulation of bacteria.

The glaze used also is a vital factor in determining the general appearance of the ware. If an even fire is attained on all pieces of the ware, a brilliant luster that brings out the underglaze colors is produced. All decorations should be under the glaze so that they will remain bright and attractive and not wear or wash off.

The buyer of china for the hospital should consider carefully the weight of the ware, keeping in mind the many items to be carried on the tray. A medium hotel weight, which is approximately $\frac{1}{8}$ inch thick, should be chosen. It is durable and easy to handle on a tray and is available in many attractive designs and colors. The banquet-weight china, which is lighter in weight and usually has a straight edge, is sometimes used in private room service; however, the expense and breakage factors would prohibit its routine use in hospitals.

Breakage is another item of great importance, inasmuch as it is the breakage and not the initial price of china that determines its ultimate cost. It is better for an institution to standardize its china service and to select an open stock pattern. A rolled edge helps to prevent chipping. The new designs in medium weight china have a thinner and flatter rolled edge, which eliminates the old clumsy appearance.

One manufacturer has recently introduced a new rolled rim that should decrease breakage because it has a properly balanced nonslip finger grip without additional weight. The unique feature consists of a rib or roll on the under side of the plate, which does not affect its shape, appearance or decoration.

A new narrow rimmed plate has as much space for food as a larger plate of wider rim and is particularly

(*Continued on page* 94)

Miss Hibbard is supervisor of public school cafeterias, Wichita, Kan.

There is no reason why chinaware should be clumsy and unattractive. Bright colors and patterns add much to the psychological effect on the patient and the variety of patterns available should fulfill practically every requirement.

Do Birds Eye Foods cost more than other foods?

Surprisingly enough . . . you will find that these wonderful Birds Eye Foods cost *no more* than ordinary brands! Therefore, why not be sure you're getting the *Quick-Frozen* brand that assures you unsurpassed, invariable quality . . . *Birds Eye?*

And, what about these other advantages?

With Birds Eye, you save *needless* hours in the kitchen! For Birds Eye Foods are scrubbed clean, ready for the pot when they reach your pantry!

With Birds Eye, you need prepare only as many . . . and *no more* . . . portions than you expect to serve—besides knowing the cost of each portion accurately! (What a help this is in preparing special diets!)

With Birds Eye, you have no garbage-disposal problem . . . no storage problem! For Birds Eye Foods come packaged in neat, convenient 2½-or 5-lb. cartons . . . easy to store, and easy to dispose of, once they're empty!

Who uses Birds Eye Foods?

From hospitals as large as 400 beds . . . right down to hospitals as small as 30 beds, we are hearing the same, encouraging response: "Birds Eye Foods are the answer to practical food operation in our hospital!"

Perhaps Birds Eye Foods can answer *your* problems, too! At least, let's talk them over. You may find that we can button up your entire food situation. For complete information, write . . .

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BIRDS EYE
BRAND
FROSTED FOODS
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(*Continued from page* 90)
desirable when small trays are used. This china may have an embossed edge on the narrow rim, which also helps to reduce breakage. It makes an attractive decoration and, contrary to popular opinion, the glaze on this edge is just as lasting as the glaze on a plain edge.

In food service in general it is economical to limit the number of items of china to be purchased to conform to the way in which it is to be handled. Sizes and shapes should be selected according to the kind of food to be served, the size of food portions and the method of handling the dishes.

Hospital service requires many special items that are particularly adaptable to tray use and that can be easily handled by the patient. It includes dishes that have covers to keep the food warm until it is ready to be served to the patient. The most popular sizes for the hospital tray are 8 inch and 4 inch plates; 3 inch fruit dish; medium, handleless bouillon cup; cereal bowl; 8 ounce coffee cup and saucer; individual salt and pepper shakers; sugar shaker; individual coffee pot; small creamer; 4 or 5 ounce fruit juice glass, and 9 ounce drinking glass.

Individual baking dishes, which may be of silver or of baking china that blends in color with the other items on the tray, are practical and attractive. Covers for hot dishes should be silver since these oddly shaped pieces are easily broken if they are made of china.

There is really no reason today for purchasing plain white china except in cases in which the initial cost is unsurmountable. Such a great variety of stock patterns is offered that it costs little to add much to the appearance of the food by the use of soft colors or simple decorations.

The hospital dietitian should select a bright and cheerful pattern, remembering that a meal is being served to individuals who are ill and who possess diminished and sensitive appetites.

The dark rich cream or ivory hue of some of the new china forms an attractive background for foods and costs only from 5 to 10 per cent more than plain white china. Most manufacturers have their own trade names for these various tinted bodies. A shade should be selected that is not exclusive with one manufacturer so that competitive prices can be obtained. Coffee pots and individual casseroles in baking china of the same colors are being manufactured by the various china companies. These make an attractive and inexpensive tray service.

The type of decoration used for china may be as simple or as elaborate as desire and finances will permit. Although the cheapest is the narrow simple line, selection of some other decoration is recommended if funds are available. The line pattern tends to cause monotony, especially in hospitals. An attractive interesting pattern may have a more desirable psychological effect upon the patient.

Simple printing, such as one color designs, costs about 10 per cent more than the lines. The decalcomania decoration, which uses two or more colors and tones, varies in cost with the intricacy of the design.

Even though the tray service is chosen from china of the simple tinted ware in contrast to the elaborate expensive designs, a soft colored pattern may be obtained that blends attractively with the colors of the food. The large variety offered in stock patterns should fulfill almost any requirement of the hospital dietitian.

Nutrition and National Defense

Report of AMERICAN DIETETIC ASSOCIATION MEETING

THE important part played by food and nutrition in the defense program was emphasized repeatedly during sessions of the American Dietetic Association at its twenty-third annual convention in New York City. It was the biggest and most successful of the series, according to those who can look back to the early days of the association. More than 2000 members spent a week attending the daily sessions; inspecting the attractive displays of foods and kitchen equipment staged in the Pennsylvania Hotel; making field trips to hospitals, schools and other points of interest, and enjoying themselves generally.

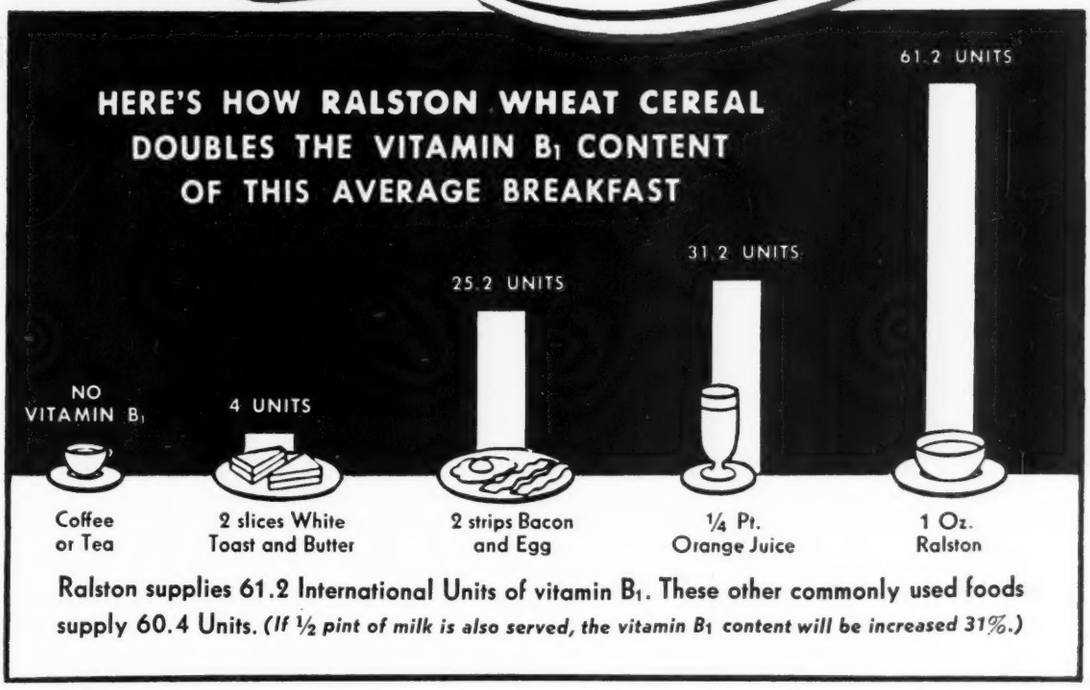
Sounding the keynote of national defense as it relates to nutrition, M. L. Wilson, adviser on nutrition, National Advisory Defense Commission, stated that a third of our people are improperly nourished. "People do not need to be starving to death to be improperly nourished," he added. "Insufficient diets are due either to lack of income with which to buy proper food or to poor habits and lack of knowledge of nutritional principles. Strangely enough, many people who have plenty of money to buy food do not spend it efficiently. In order to spread the gospel of nutrition as an element in national defense there should be coordination among all of the agencies that touch this problem."

Safeguarding the health of the civilian population is the first duty of American doctors, according to Dr. Peter Irving, secretary of the Medical Society of the State of New York. Medical care of those in uniform as well, not only during actual war but during preparation for possible war, is essential.

The four basic aims of American hospitals in the preparedness program, as listed by Dr. Claude W. Munger, director, St. Luke's Hospital, New York, are: (1) to keep running at maximum efficiency in order to care for the civilian population and to serve the public health in case of large scale war casualties; (2) to provide and train all sorts of personnel for the armed forces, including complete units for evacuation hospitals; (3) to develop a regional card index listing extra beds that would be available to the government in time of emergency, and (4) to cooperate with the medical advisory department of the draft boards by increasing the number of those who are physically fit for service. The work of listing extra beds, he stated, has already been largely completed under the direction of the Amercan Hospital Association.

(*Continued on page* 122)

An A-1 way to increase vitamin B_1 in breakfast



Ralston supplies 61.2 International Units of vitamin B_1. These other commonly used foods supply 60.4 Units. *(If ½ pint of milk is also served, the vitamin B_1 content will be increased 31%.)*

Patients and staff like Ralston's rich wheat flavor. Purchasing agents approve its cost—3 servings for a penny

Hospital dietitians, as well as purchasing agents, approve the use of Ralston Wheat Cereal as an A-1 way to increase the vitamin B_1 (thiamin) content in breakfast.

Enriched with extra quantities of natural wheat germ, each ounce of Ralston supplies 61.2 International Units of natural vitamin B_1 . . . considerably more than whole wheat itself and much more than most other wheat cereals. In addition, Ralston supplies the carbohydrates, proteins, phosphorus, iron, bran and other valuable food elements found in natural whole wheat.

Delicious and easy to prepare, this enriched wheat cereal is economical, too. Three servings cost less than a penny.

Available in bulk or special hospital-size cartons.

FREE TO HOSPITALS: New illustrated 20-page bound book, "Whole Wheat and Its Importance as a Source of Natural Vitamin B_1," and generous supply of samples sent free on request. Send name, title and hospital. Address Ralston Purina Company, 939 B Checkerboard Square, St. Louis, Mo. (Offer limited to United States.)

Ralston

puts the B_1 in Breakfast

Food Staples Are Kept in Steel Filing Cabinet at St. Mary's, La Salle

Open the top drawer at the right in the steel filing cabinet at St. Mary's Hospital and you'll find sugar. In the second drawer you will discover beans. Flour, oatmeal, rice, farina, even tea and coffee, the last two items in containers not in bulk, are also filed in these cabinets for convenient handling.

Surely no more unique use has been found for steel files than this which St. Mary's makes of them in the food storage room. Like the office files, which they are, the drawers pull open and slide back at the touch.

"We like them much better than bins," Sister Febronia, the superintendent, asserts. "Our engineer did a little soldering at the corners when we found that the drawers were not quite so tight as they appeared. He also built a platform on which the files are mounted and this provides toe room at the floor."

St. Mary's filing cabinets for staples are only two drawers in height and with the wooden base given them they are just work table height. Arranged down the center of the storeroom the files, covered with a strip of gay linoleum, make a good working surface.

Imitators of this excellent idea must be careful to order filing cabinets with drawers having high sides. The correspondence type of file drawer has low sides and is not adapted to the purpose.

Meetings With Meals Well Attended

Do your doctors come to staff meetings? If not, try feeding them. Sycamore Municipal Hospital has found that the prospect of a good meal is a wonderful help in luring the staff to meetings.

Trays Are Light and Durable

Serving trays at Sycamore Municipal Hospital are made of five ply pecan wood. They are light to lift and they don't clatter when set down. Furthermore, it is said that they will not break even if one drives a car over them. The thought of this manufacturer's claim may easily prove an irresistible temptation to someone.

Sterling Has Selective Menus

The nursing supervisor and the student nurses on the floors at Sterling Public Hospital, Sterling, Ill., are assigned the task of finding out the patients' dietary likes and dislikes. They relay this information on to the superintendent, who is also the dietitian. This 50 bed institution has selective menus for its private patients. There is usually a choice of two or three vegetables and of two or three desserts.

Basement Dining Rooms, These, but Nurses Find Them Most Attractive

It is surprising what a little ingenuity can do, even for a basement dining room—and at very little expense. At the Morris Hospital, Morris, Ill., for example, to conserve space the nurses sit at two large square tables; instead of chairs, there are four high-backed benches at each table. Eight persons can be seated at a table comfortably. Tables and benches are painted a pleasing green and were constructed by the hospital carpenter.

A stranger wandering into the nurses' dining room at St. Mary's Hospital, La Salle, Ill., might be excused for thinking he had accidentally walked into a smart new restaurant. Booths, upholstered in green leather, tubular steel tables and the gleam of the stainless steel cafeteria counter all help to confirm that impression.

In addition to the booths, there are a few tables down the center of the dining room. Paper napkins are used in the dining room, as they are on the patients' trays, because they save on laundering.

It pays to have a talented seamstress on the staff. At Sycamore Municipal Hospital, Sycamore, Ill., the seamstress is none other than the superintendent, Elsie Sampson, who has added considerable to the attractiveness of the already attractive nurses' dining room by making gaily flowered chintz shades for the windows. The shades have a scalloped lower edge finished with rick-rack braid. Miss Sampson also buys striped linen by the bolt and, in her spare moments, runs up place mats for the tables.

The well-designed tables and chairs in this nurses' dining room are of maple.

The hardwood floor is beautiful now, but it wasn't always. At least ten coats of varnish were removed before the original wood was visible, according to Blanche Bollinger, the business manager, who also serves as dietitian. New indirect lighting fixtures add to the attractiveness of the basement room. The whole effect is calculated to stimulate anybody's appetite.

There's a coca-cola machine at Dixon Public Hospital, Dixon, Ill., that is going to pay for refurbishing the nurses' dining room. If the hot weather had just held out a little longer, Agnes Florence, the superintendent, said, the new furnishings would have been a reality by this time at the rate both visitors and staff were beating a path to the dispenser during the summer.

Thinks This Is Perfect Gift: Canned Foods for Diabetics

The perfect gift for a community hospital with a small force and a small budget came recently to Morris Hospital, Morris, Ill., from an old graduate of its school of nursing.

The graduate had married and her husband had developed diabetes. Realizing how costly and how time consuming is the preparation of items for the diabetic diet, this nurse, in addition to canning fruits, juices and vegetables for her husband's use, prepared a generous quantity of canned diabetic foods for the hospital and presented them to the grateful superintendent, Lulu E. Bowers.

City Supplies Gas for Cooking

There is a brand new gas stove in the kitchen of Sycamore Municipal Hospital, Sycamore, Ill., that would bring out the best in any cook. One reason why gas is the preferred fuel in this hospital kitchen is that a certain amount of free gas, usually about ten months' supply per year, is donated by the city. The idea originated with a public spirited city clerk some years ago. Other municipalities might be persuaded to do the same thing with their public utilities if the proposition were put to them.

Cooks With Milk From Own Cows

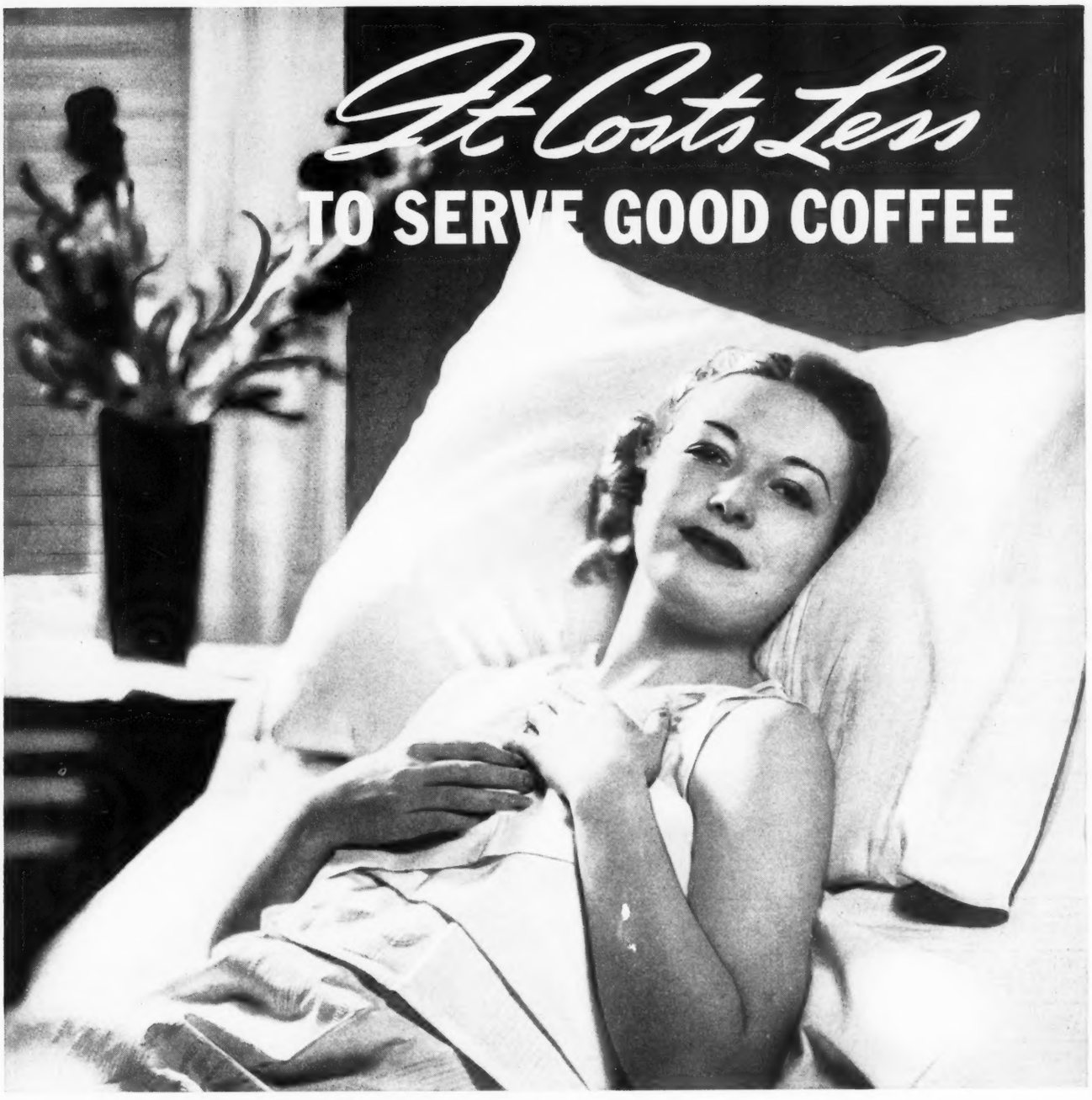
Two cows are valuable members of the staff at Morris Hospital, Morris, Ill., a 35 bed institution. They produce milk generously. As the milk is not pasteurized, the hospital uses it for cooking purposes only.

Finds New Dietitians Need Reeducating on Food Costs

Good food is economical. Agnes Florence, head of Dixon Public Hospital, Dixon, Ill., has proved that dictum to her own and the patients' satisfaction. A new dietitian coming into the institution often regards economy as her major concern, but Miss Florence soon persuades her that keeping patients happy and well fed is much more important. It is not economical to buy food that no one will relish, she argues, and there are plenty of ways to cut costs and still serve appetizing meals.

Rhubarb Canned Without Cooking

Those jars and jars of rhubarb that one sees in the storeroom at St. Mary's Hospital, La Salle, Ill., are the diced fresh stalks sealed in cold water. When rhubarb is on the menu, the jars are opened and the fruit is cooked then for the first time.



Its Refreshing Stimulation Cheers Patients and Helps Keep Up Their Spirits

And that's particularly true of Continental Coffee because it is a blend of extra-strength... extra-richness . . . and full satisfying flavor. It relieves nervous strain, gives a lift to fatigued minds and tired bodies. Yet with all its exceptional deliciousness and full-flavored satisfaction, Continental Coffee is more economical to serve . . . *it actually costs less per cup!*

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AMERICA'S LEADING HOSPITAL COFFEE

January Menus for the Small Hospital

Jessie Fischer
Dietitian, Molly Stark Sanatorium, Canton, Ohio.

	Breakfast		Luncheon or Supper				
Day	Fruit	Main Dish	Soup or Appetizer	Main Dish	Potatoes or Substitute	Vegetable or Salad	Dessert
1.	Fresh Grapefruit	Poached Eggs on Toast	Corn Chowder	Noodle Ring With Creamed Chicken	Whole Buttered Green Beans	Celery, Carrot Strips, Radishes, Ripe Olives	Chocolate Ripple Ice Cream
2.	Prunes	Creamed Chipped Beef on Holland Rusk	Gingerale Cocktail	Deviled Eggs on Holland Rusk, Hot Cheese Sauce	Glazed Carrots	Pear, Cream Cheese-Nut Ball Salad	Apple Betty, Hard Sauce
3.	Pineapple Juice	Soft Cooked Eggs, Graham Muffins	Cream of Vegetable Soup	Escalloped Oysters	Asparagus Tips on Toast Points	Fresh Vegetable Salad, Russian Dressing	Tapioca Pudding, Whipped Cream
4.	Baked Apples	Canadian Bacon	Tomato Juice Cocktail	Creamed Sweetbreads	Frozen Succotash	Head Lettuce, French Dressing	Royal Anne Cherries, Ice Box Cookies
5.	Canned Orange and Grapefruit Sections	Scrambled Eggs	Chicken-Rice Soup	Eggs à la King	Glazed Sweet Potatoes	Fresh Fruit Salad	Angel Food Cake
6.	Tomato Juice	Bacon	Vegetable Soup	Hot Beef Sandwich With Gravy	Stewed Tomatoes	Spiced Crabapples	Norwegian Prune Pudding, Whipped Cream
7.	Sliced Bananas	Pecan Rolls	Cream of Asparagus Soup	Escalloped Potatoes With Ham	Fresh Peas	Cabbage Slaw	Frozen Strawberry Sundae
8.	Dried Apricots	Eggs and Bacon	Washington Chowder	Spanish Rice With Bacon Curls	Buttered Cauliflower	Waldorf Salad With Dates	Vanilla Pudding
9.	Sliced Oranges	French Toast and Honey	Tomato Bouillon	Meat Pie With Vegetables		Banana-Nut Salad, Fruit Dressing	Chocolate Ice Cream
10.	Canned Grapefruit	Poached Eggs	Grape Juice	Cheese Fondue	Creamed Diced Potatoes With Parsley	Frozen Wax Beans	Apple Crisp Pudding With Cream
11.	Applesauce	Link Sausages	Beef-Noodle Soup	Mock Chicken Legs	Mashed Potatoes	Perfection Salad, Mayonnaise	Jelly Roll
12.	Apricot Nectar	Soft Cooked Eggs, Date Muffins	Fresh Fruit Cocktail	Chicken With Noodles	Carrots and Peas	Stuffed Celery	Peach Cobbler
13.	Tangerines	Bacon Curls, Raisin Toast	Vegetable Soup	Grilled Ham	Stuffed Baked Potatoes	Tomato and Lettuce Salad, Thousand Island Dressing	Graham Cracker Roll, Whipped Cream
14.	Dried Peaches	Soft Cooked Eggs	Cream of Tomato Soup	Beef Roll in Biscuit Dough, Mushroom Gravy	Spinach With Lemon	Carrot-Raisin Salad	Gelatin With Fruit, Coconut
15.	Fresh Grapefruit	Cinnamon Rolls	Apricot and Lemon Nectar	Chicken Pie	Potato Puff	Stewed Tomatoes	Deep Apple Pie With Cream
16.	Orange Juice	Scrambled Eggs With Chipped Bacon	Cream of Pea Soup	Ground Steak Patties, Chili Sauce	Frozen Green Lima Beans	Sunshine Salad, Whipped Cream	Banana Pudding
17.	Prunes	Egg Omelet	Orange and Grapefruit Cocktail	Baked Noodles in Custard With Mushrooms	Buttered Carrots With Chopped Parsley	Asparagus Salad, French Dressing	Ambrosia
18.	Kadota Figs	Bacon	Tomato Juice Cocktail, Butter Crackers	Hot Veal Loaf	Mashed Sweet Potatoes With Marshmallows	Pickled Beets and Eggs	Peach Upside-Down Cake
19.	Orange and Grapefruit Juice	Poached Eggs	Tomato-Barley Soup	Swiss Cheese	Potato Chips	Fruit Salad	Filled Cookies
20.	Baked Apples	Canadian Bacon	Fruit Cocktail	Breaded Veal Chops	Baked Sweet Potatoes	Creole Tomatoes	Pineapple Bavarian Cream
21.	Sliced Oranges	Graham Muffins, Apple Jelly	Cream of Potato Soup	Lettuce, Tomato, Bacon Sandwich		Celery, Radishes, Carrot Strips	Baked Custard
22.	Dried Apricots	Scrambled Eggs With Chipped Beef	Vegetable Soup	Escalloped Eggs, Peas and Mushrooms	Asparagus Tips	Cinnamon Apple Ring With Cottage Cheese	Date Pudding, Whipped Cream
23.	Tomato Juice	Bacon Strips	Fresh Fruit Cocktail	Chop Suey	Rice or Noodles	Head Lettuce, Russian Dressing	Frozen Strawberry Shortcake
24.	Sliced Bananas	Soft Cooked Eggs	Shrimp Cocktail	Salmon Loaf	Escalloped Potatoes	Spring Salad, Roquefort Cheese Dressing	Vanilla Ice Cream
25.	Tangerines	Breakfast Sausage	Tomato Juice Cocktail	Tenderloin Strip Steaks	Baked Lima Beans in Tomato Sauce	Sliced Orange and Coconut Salad	Chocolate Cup Cakes
26.	Pineapple Dessert Cuts	Egg Omelet	Chicken-Noodle Soup	Bacon Strips	Baked Succotash in Custard	Cranberry-Orange Salad	Butterscotch Tarts
27.	Applesauce	Bacon Curls, Raspberry Jam	Vegetable Soup	Macaroni, Tomatoes and Hamburg	Buttered Parsnips	Jellied Fruit Salad, Whipped Cream	Lady Fingers
28.	Prunes	Soft Cooked Eggs, Bran Muffins	Cream of Mushroom Soup	Calves' Liver	Potatoes au Gratin	Celery, Radishes, Stuffed Olives	Prune Plums, Waffers
29.	Orange and Grapefruit Sections	Bacon Curls, Strawberry Preserves	Tomato-Rice Soup	Creamed Tuna on Toast	Harvard Beets	Stuffed Prune With Creamed Cheese Salad	Pineapple Upside-Down Cake
30.	Pineapple Juice	Toasted Pecan Rolls	Orange and Grapefruit Juice	Broiled Lamb Chops	Canned Potato Strips	Stewed Tomatoes	Heavenly Rice
31.	Fresh Grapefruit	Poached Eggs on Toast	Cream of Celery Soup	Cold Red Salmon	Potato Salad	Apricot Whipped Cream Salad	Butterscotch Sundae

Recipes will be supplied on request by The Modern Hospital, Chicago. Space precludes listing of cereals, several varieties of which are always offered for breakfast.

...Armour's Cloverbloom!

CERTIFIED FOR WHOLESOMENESS by United States Government Inspectors. You know you are getting healthy birds, properly handled under excellent sanitary conditions.

FLAVOR-FRESH—Fresh-Frozen immediately after *table dressing*, this superior poultry has the delicious *fresh* flavor you want.

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UNIFORM—Exacting grading of *Table Dressed* Poultry means each type and weight is exactly the same, always.

This finer poultry will be appreciated by patients and staff alike. We believe that a record of your portion costs from Cloverbloom Table Dressed birds will show that quality food is not always more expensive. Order a trial box today!

Serve ARMOUR'S CLOVERBLOOM
Table Dressed **Poultry**
FOR COMPLETE INFORMATION, WRITE TO THE PRODUCE DEPARTMENT
ARMOUR AND COMPANY, CHICAGO

Housekeeper Studies Plumbing

EMMA G. WAGNER

PLUMBING fixtures for the average hospital should be carefully selected for the type of service to be rendered in each specific unit of the institution. Only if this is done can the housekeeper supervise such equipment intelligently, and intelligent supervision is essential to economy of maintenance and to more efficient performance.

Proper Unit for Each Service

As an example, if an ordinary service sink is provided where a flushing rim disposal sink is required, the most exacting supervision cannot possibly keep it clean and sanitary or prevent the impairment of efficiency in the service it renders. Hence, one of the most important duties of the housekeeper is to cooperate as closely as possible with the operating supervisors of the various departments, always carefully observing the technic used in each specialized department where the plumbing fixture plays an important part.

The knowledge gained therefrom will naturally make her counsel valuable to the hospital administrator in the selection of new equipment. It will also qualify her to assist the engineer in the proper maintenance of the various units by encouraging standardization that will improve operating efficiency and produce less irritation on the part of those whose duty it is to use this type of equipment. Incidentally, it will lessen the work of the housekeeping department.

As a result of this cooperation the housekeeper's understanding of the structure of the various types of plumbing fixtures should become so complete that she will know which of the numerous cleansing agents on the market should be provided for each department in order to obviate scratching or impairing the beauty of the most fragile fixture with the wrong abrasives. The surface of a lavatory, for example, is of the finest glass. It is fused by a baking process to a base, which has the same expansive and contractive proportions as a piece of high grade china. On such a surface no abrasive cleansers or strong acids should ever be applied. The structure of a closet bowl and its use, on the other hand, in many instances require strong abrasives to keep it in a sanitary condition and these can be applied with no impairment of the texture.

There are many good waste cleansing compounds on the market, the use of which is frequently all that is necessary to clear a stopped waste pipe in less time than would be required to call the maintenance engineer. Thus, it is desirable for the housekeeper always to keep a convenient supply on hand and to acquaint her staff with the proper use of these materials.

However, considerable care should be exercised when using these compounds to protect any exposed plated metal parts; otherwise, their luster will be seriously impaired, even to the extent of the plating's being removed. In this connection, when the clogged fixture is of enameled iron that is not acid resisting, its surface should also be protected. Cleaning compounds are usually applied by pouring the contents into the waste through the strainer of the lavatory or sink. Hence, it is wise to protect the plated strainer and surface of the fixture around the strainer by pasting paper on the exposed surfaces around the strainer outlet.

It is also an economy to keep an inexpensive plunger in some convenient place on each floor. This is a rubber suction cup or force pump fastened to a stick similar to a broom handle. In many instances lavatories, sinks or bath tubs which have suddenly become clogged can be put back into service immediately by placing the plunger cup over the waste strainer and forcing it up and down a few times. This method frequently obviates the use of compounds or the need for the services of the maintenance engineer and may avoid keeping a fixture out of service for hours before it can be repaired.

Keep Fixtures in Repair

The housekeeping department can be a further aid to the maintenance engineer and can advance economy in maintenance by being alert to detect leaky faucets or valves on fixtures and appliances throughout the building. A dripping faucet may seem trivial. It is only the beginning, however, of a more serious condition.

If given immediate attention, a new washer is usually all that is required. This can be renewed in a few minutes. If neglected, a small leak has a cutting effect on the seat in the faucet, resulting in a major expense and necessitating the replacement of the valve or faucet. There is also the expense of wasted water, which is a sizable item when it is leaking twenty-four hours per day and, more especially, if it is hot water or steam.

Water closets, too, are frequently found to be leaking for long periods, resulting in the waste of thousands of gallons of water annually. Because of the construction of the bowl these leaks are not readily detected until the noise becomes so pro-

Miss Wagner is housekeeper of Princeton Hospital, Princeton, N. J.

The Newer Concepts of Meat in Nutrition

Meat

AND THE ESSENTIAL

Amino Acids

ALTHOUGH protein has long been regarded as an essential component of the human dietary, the role of individual amino acids has only recently been learned. The theory that proteins are broken down into their component amino acids which are then simply regrouped by the body for protein synthesis has been generally accepted, but is now being challenged by some investigators.

Alcock[1] believes that protein synthesis starts with substances more elementary than amino acids, basing this statement upon the fact that animals can produce dispensable amino acids when these are not provided by the diet. With regard to indispensable or essential amino acids, he states that an animal, from whom tryptophane is withheld, secretes pepsin which contains tryptophane and continues to survive for a limited time with growth of hair and skin. Alcock reasons that tryptophane and the other essential amino acids are needed for their "specific functions," and not because the organism cannot synthesize them for protein formation.

The varied manifestations of essential protein deprivation—failure of growth, loss of hair, anemia, nervous irritability, susceptibility to infection, loss of weight—suggest a hormone-like action which the essential amino acids might perform.

Regardless of the validity of Alcock's theory, the indispensability of certain amino acids is acknowledged by all workers. These ten[2]—arginine, histidine, isoleucine, leucine, lysine, methionine, phenylalanine, threonine, tryptophane, and valine—must be fed daily in adequate quantities for optimum growth and tissue repair. Meat, one of the few sources of complete protein, provides all of the essential amino acids in abundant amounts. Daily consumption of 60 to 80 Gm. of meat protein (300 to 400 Gm. of meat) is assurance that the organism is receiving an adequate amount of the indispensable amino acids.

[1]Alcock, R. S.: Synthesis of Proteins in Vivo, Physiol. Rev. 16:1 (Jan.) 1936.

[2]Jones, D. B.: Protein Requirements of Man, in Year Book of Agriculture: Food and Life, Washington, D.C., U. S. Gov't. Ptg. Off., 1939, p. 177.

The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute

CHICAGO

nounced that it attracts someone's attention. Thus, a periodic inspection of all such fixtures by the housekeeping staff not only will effect a saving of water but, more important, will help to preserve the life of the fixture.

When steam is utilized as a medium for operating the sterilizers, thermostatic traps are provided in the piping attached to the outlet of the sterilizer to prevent the waste of the steam. When they are functioning correctly these traps automatically close off when the live steam contacts them after it has passed through the sterilizer. When the traps are not functioning properly, steam will escape through them and be wasted.

This condition can usually be detected by listening for the sound, which resembles the sizzle of steam being turned into an unheated radiator. Such a condition should be corrected immediately by having the maintenance engineer remove the dirt or renew worn parts, whichever is responsible for the improper functioning of this appliance.

War Declared on Pests!

MABEL AGNES BAILIE

SUBTERRANEAN termites, which are commoner than other varieties in many sections of the United States, are not ants at all but, like them and many other insects, are social beings and live in colonies made up of many kinds of individuals. They are easily identified by their resemblance in form to common ants and by their dirty white color. Until recent years they made their homes in old forest stumps, decaying logs and in the trunks of trees where there was decayed heartwood. Their food consists principally of wood and other vegetable matter. The destruction of our forests and the removal of forest waste products have made it necessary for these wood-eating insects to make their homes in cities and villages where they may dwell in comfortable quarters during the winter months and satisfy their ravenous appetites by devouring the sill and timbers of residences and other buildings.

In the native termite colonies there are three important groups, the breeders, the soldiers and the workers. The breeders and the soldiers are the aristocrats of the colony; they do no work whatever but must be maintained by the menial group of workers. The workers and soldiers are wingless and blind, but the breeders have long white wings and good eyes and swarm from the parent colony several times during the year. After the swarm the breeders mate and establish new colonies near old tree stumps, under boards or at any convenient place where moist earth can be found. These termites must have a constant source from which to obtain moisture or they will die. Hence, their nests are always found underground and in moist soil.

The appearance of these flying termites at certain seasons of the year is conclusive evidence of the subterranean nest. Termites do not establish their colonies in buildings by being carried in in lumber or wood but by entering from the ground nest after the building has been constructed. If unmolested they eat out the woodwork, leaving a shell of sound wood to conceal their activities. The damage may proceed so far as to cause collapse of the structure before discovery. If reasonable care is exercised, however, it is not difficult to locate these insects in a building. The emergence of large numbers of flying termites is an indication that the woodwork is infested and the point of emergence indicates the approximate location of the infested timbers.

Large numbers of dead-winged adults or of the discarded wings will usually be found near the infested timbers following the swarming. The presence of branching shelter tubes of small diameter made with earth mixed with finely powdered wood on foundation timbers or other woodwork or over the surface of stone, brick concrete or other impenetrable foundation materials through which the insects travel from the ground to the woodwork is another aid in locating the infestation.

It should be remembered that the subterranean termites are never found in dry wood. Moisture is necessary for their very existence and they invariably carry water into the wood where they are at work. Whether or not wood is infested by termites may often be determined by boring with a small auger. If, when an auger is inserted, the shavings thrown out are wet, a careful examination should be made to determine the cause of the moisture in the wood.

The cheapest and one of the most effective methods of combating termites established in a building is by means of liberal quantities of kerosene injected into their workings. The nest should not be opened up any more than necessary until after this has been done. Kerosene is a volatile liquid which produces fumes that are deadly to insect life. It has been found practical to drill small holes, perhaps ¼ inch in diameter, through timbers into the workings of the insects and to inject a quantity of kerosene here and there by means of an oil gun or syringe wherever cavities are detected by rapping on the surface of the wood. If the workings are left intact except for these small holes, the fumes are closely confined and penetrate rapidly to various parts of the nest. The addition of 3 ounces of pyrethrum powder of good grade to each gallon of kerosene renders the treatment more effective, although it is not essential to success.

As soon as it seems that control has been established, the nest should be opened up and, if the timbers are too badly damaged, new ones should be substituted. If possible these new timbers should be treated with coal-tar creosote or, better still, replaced with concrete.

Miss Bailie is resident director, Rockford College, Rockford, Ill.

The Price Patients Should Pay for Medications

HAZEL E. LANDEEN

The pricing of medications should be put on a businesslike basis.

FOR a number of reasons the hospital pharmacy has suffered from neglect. Yet, hospital pharmacy, almost without exception, has remained strictly professional in its aims and obligations. The trend of the times is such that the future will see more and more professional pharmacy practiced in the nation's hospitals. The dignity of the calling, its opportunities and responsibilities will increase in direct ratio to its growth.

The growth of hospital pharmacy is dependent to a marked degree upon the recognition by the administration of the economic, as well as the professional, possibilities resident in the department. The ultimate benefits resulting from such recognition and cooperation will mean not only superior pharmaceutical service for the hospital but also a revaluation by the public of the type of service offered by a professional pharmacy.

My hospital experience in the matter of medication pricing has often caused me to wonder whether the experience of other hospital pharmacists coincides with mine. In preparing a paper on this subject for presentation before the hospital pharmacy subsection of the American Pharmaceutical Association in Atlanta in 1939, I sent out a questionnaire to a few representative hospitals in the four geographic sections of the country.

The replies, while they may not be truly representative because of the incompleteness of the survey, nevertheless indicated that methods in use for pricing medications in hospitals are haphazard, chaotic and baseless. With one exception, the answers received indicated that the hospital pharmacist is not encouraged either to outline or to follow any pricing schedule such as is required by retail prescription stores.

All of these hospital pharmacists, characteristically enough, seemed to show a resentment toward the administration for its apathy in this respect. Also, there was an evident timidity on the part of the pharmacist about making legitimate charges to the patient.

One reason for these reactions may be that too few hospital administrators deem it necessary to discuss the budgetary needs of the department with the pharmacist or to render the pharmacist a monthly report of the expense and income of his department. A frank discussion of such matters would increase the pharmacist's interest in his department and enable him to make suggestions concerning a prescription pricing schedule that would be a business asset to the entire hospital.

The growing recognition of the importance of hospital pharmacy will inevitably attract only the well-trained, professionally minded person whose judgments are not going to be restricted by an underestimation of his professional standing and responsibility to the patient, a condition that, undoubtedly, has had much to do with the unbusinesslike management of hospital pharmacies in the past.

All of the pharmacists questioned stated that a separate charge was made to the patient for medications used. All were of the opinion that a "blanket charge" for medications (even with special charges for serums, vaccines, antitoxins and the like) created much dissatisfaction. Each hospital had a list of drugs that were included in room and ward unit service. These lists varied

Miss Landeen is pharmacist at Midway Hospital, St. Paul, Minn.

and were not given in detail but, undoubtedly, a great deal can be done to simplify the list of drugs issued for room and ward unit service.

What constitutes an adequate drug list for room service should be determined by a committee on drug policies. Such a committee, as recommended by the committee on hospital pharmacy of the American College of Surgeons and the American Pharmaceutical Association, should consist of the chiefs of several medical services of the hospital with the pharmacist acting as secretary. From a pharmacist's point of view only a limited number of drugs intended for routine and emergency use should be permitted in floor drug cabinets. This policy narrows the responsibility of dispensing to the proper person, *i.e.* the pharmacist, eliminates errors and, from the standpoint of economy, avoids a duplication in the drug inventory.

No Standardized Schedule

The basis upon which hospitals determined the price patients should pay for drugs was found to be fairly indefinite and poorly defined. In only one instance did the hospital questioned follow an established pricing schedule, that of the National Association of Retail Druggists. This hospital also employed the fair trade pricing schedule set up by the state in which it is located and added: "It protects the professional retail pharmacist and discourages the prescribing of costly proprietaries." The point is well taken! On the other hand, most of the pharmacists inclined to the belief that it was not possible to follow the N.A.R.D. schedule. The implication seemed to be that such prices would be too high.

It seems to me that the professional services of the hospital pharmacist should certainly be worth as much as those of the pharmacist in professional retail practice. Hospital pharmacists must meet the same rigid requirements of education, training and licensing. The hospital should expect to make the same professional charges for these requirements and should also take into consideration the many expenses to which the hospital is subjected because of its pharmacy. Several of these are borne by the pharmacist directly but are, perhaps, considered in the salary paid the pharmacist and, therefore, are indirectly assumed by the hospital.

These expenses include registration fee, narcotic license fee, alcohol permit fee, cost of required reports, necessary official books, certain special equipment and breakage thereof, prescription blanks, drug and journal publications, membership in professional association, as well as the general overhead.

There may be several prescription pricing schedules that can be adapted to the needs of the hospital pharmacy. That of the N.A.R.D. was the one referred to in the questionnaire because it was the one with which I am most familiar. However, suggestions from a paper entitled "Fair Pricing of Prescriptions" by Edward S. Rose, presented before the section on practical pharmacy and dispensing at the American Pharmaceutical Association's 1938 convention, together with an outline of pricing instructions graciously submitted by the owner of one of Minnesota's finest prescription pharmacies, form the basis for a suggested system of pricing hospital medications. It is my hope that it will evoke thought and discussion.

Factors in Establishing Prices

The suggested fair pricing of prescriptions is as follows, the charges taking into consideration three factors: (1) material, (2) professional service and (3) overhead.

Materials: Double the cost of materials and container, with a minimum charge of 10 cents.

Professional Service: Charge at the rate of $2 an hour, with a minimum charge of 15 cents. (Mr. Rose's professional service charge is $3 per hour to cover conditions in any part of the United States.)

Overhead: The charge should be 12 per cent of the final price of prescription, with a minimum charge of 10 cents. Minimum price of any prescription is 35 cents. This amount was the average suggested in a survey made by Mr. Rose.

For ready reference in compounding prescriptions the pharmacist should have available an outline of prices, such as the one that appears on the following page. This was suggested by the Minnesota store.

In the case of liver and vitamin products it is suggested that fair trade prices be used plus a minimum professional service charge.

Charges should be based on nearest sized package purchased of the material in question or upon the size of package bought by the average pharmacy.

In the hospital a number of official and nonofficial preparations are made by the pharmacist. In such instances, one of two methods of pricing may be used: (1) use cost of a standard pharmaceutical house, or (2) double the cost of material and add labor at $1.50 an hour.

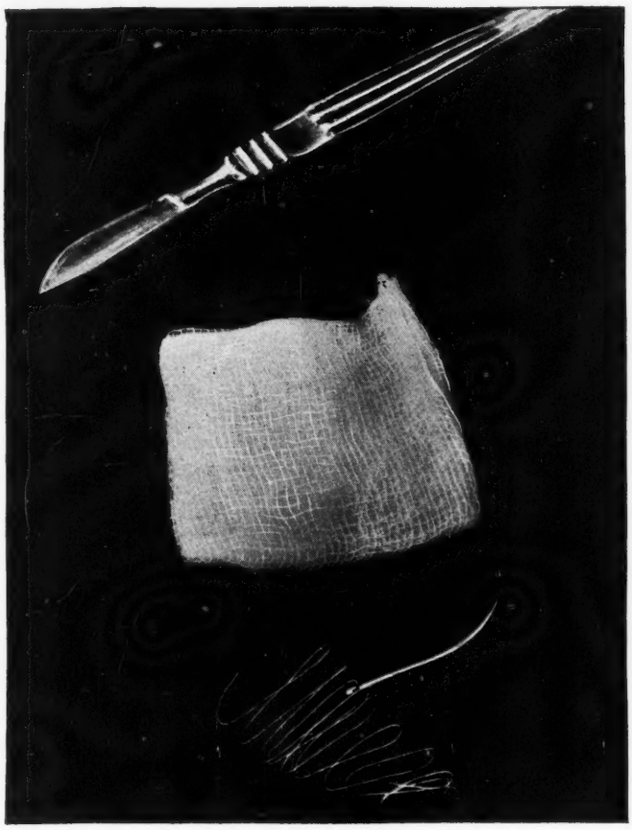
The matter of credit for drugs ordered for patients and not used or only partly used constitutes a real problem for hospital pharmacies. With the return of drugs for credit there is always the possibility of contamination to consider, *i.e.* contents of different containers having become mixed.

Credit for Returned Drugs

When asked about the subject of credit, pharmacists stated that credit was given for drugs returned provided they could be returned to stock. In no case was credit given for prescriptions (compounded) returned. It appears that while, in all fairness, credit should be given for drugs returned in good condition, a certain percentage might be charged to cover the original professional service charge and bookkeeping costs. If some such system was inaugurated and the attention of physicians and nurses was called to it, more care would be exercised in the amount and kind of medication ordered for patients.

These suggestions are naturally based on the assumption that the hospital pharmacist has the proper professional training, as well as the personal qualities of leadership and initiative, that is required to carry them out. The institution that employs a pharmacist with these qualifications will find that the "forgotten department" will become a valuable aid in meeting the problem of offering improved hospital service.

(*See page* 108 *for price list.*)



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Suggested Outline of Hospital Prices for Reference in Compounding Prescriptions

Capsules (prepared by pharmacist)

6	$ .50
12	.75
15	.85
18	.90
20	.95
24	1.00
30	1.10
36	1.25
50	1.50
100	2.25

Deduct 10 per cent discount when dose is two or more at one time three times a day or for prescriptions of 24 or more.

Add double the cost of an expensive drug or chemical.

For prescriptions taking more than customary amount of time, double the cost of ingredients and container plus the dispensing fee.

Ear Drops (ordinary)

¼ oz.	$ .35
½ oz.	.40
1 oz.	.50
2 oz.	.75

Gargles (ordinary)

1 oz.	$ .35
2 oz.	.50
3 oz.	.60
4 oz.	.75
6 oz.	.90
8 oz.	1.00

Calamine Liniment

4 oz.	$ .65
8 oz.	.90
16 oz.	1.50

Eye and Nose Drops

¼ oz.	$ .35
½ oz.	.50
1 oz.	.75
2 oz.	1.00

Double the cost of ingredient plus minimum fee when the cost plus the container exceeds 25 cents per ounce.

Liquids (external)

Calamine Lotion

4 oz.	$ .50
8 oz.	.80
16 oz.	1.25

All other external lotions and liniments should be charged at the same rate as calamine lotion.

Exceptions

For all lotions costing more than 75 cents a pint, double the cost of the ingredient, plus the dispensing time.

Mouth Washes

Use the schedule of lotions and external liquids.

Exceptions

When the cost is beyond average, charge twice the cost of ingredients and container, plus fee.

Liquids (internal)

Regular

1 oz.	$ .40
2 oz.	.60
3 oz.	.75
4 oz.	.90
6 oz.	1.20
8 oz.	1.50
16 oz.	2.50

Add to selling price of the prescription the cost of an expensive drug or salt at double cost unless the vehicle is less than 5 cents per ounce.

Discount 10 per cent in doses of 2 drams T.I.D.

Discount 20 per cent if dose is 4 drams T.I.D.

Exceptions

Mistura Glycyrrhiza Co.

4 oz.	$ .75

Liquid Drops (internal)

Drop Doses

oz. ss.	$ .40
oz. I	.60
oz. II	.90

Exceptions

Tr. Stramonium
Sol. Pot. Iodide
Sol. Sod. Iodide

oz. ss.	$ .50
oz. I	.75
oz. II	1.00
oz. III	1.25

For more expensive drugs, double the cost, plus the minimum compounding fee.

HCl Dilute

oz. ss.	$ .40
oz. I	.50
oz. II	.60
oz. IV in dram doses	.75

Ointments

Regular, dispensed in jars

½ oz.	$ .50
1 oz.	.75
2 oz.	1.00
3 oz.	1.25
4 oz.	1.50
8 oz.	2.25
16 oz.	3.50

When dispensed in tubes, add 25 cents to each price.

Ophthalmic Ointment (ready-made)

⅛ oz.	$ .40
¼ oz.	.50

Ointment Specialties

Treat as a specialty. If expensive, double the cost of ingredients, plus containers and dispensing charge.

Ampules

High priced special, add 50 per cent to the cost, plus 10 per cent in broken lots.

Regular priced, double the cost plus 10 per cent in broken lots.

Biologicals

One list price.

Pills (prepared by pharmacist)

Same schedule as for capsules.

Pills (ready-made)

Costing per Hundred

	$ .25	$ .50	$ .75
12	.35	.40	.45
25	.45	.50	.60
50	.60	.75	.95
100	.75	1.25	1.50

Discount 10 per cent if the dose is two or more T.I.D.

Powders (bulk)

Double the cost of ingredients, add $2 per hour for dispensing fee, plus 10 cents on each prescription overhead.

Powders (ulcer)

No. 1,	4 oz.	$ .60
	8 oz.	.85
	16 oz.	1.25
No. 2,	4 oz.	.65
	8 oz.	.85
	16 oz.	1.25

Powders (prepared by pharmacist)

Same schedule as for capsules.

Suppositories (ordinary)

6	$ .75
12	1.00
15	1.15
18	1.25
24	1.50
36	1.75
50	2.00

Add double the cost of expensive drug.

Specialties

Original packages: add 50 per cent to the cost plus a minimum charge for dispensing.

One half or more of original package: double the cost.

Less than one half of original package: double the cost plus minimum dispensing charge.

In cases in which established prices are lower than this schedule, charge as per established price.

Proprietaries

Charge as for specialties.

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Pituitary Liquid Armour, (A Brand of Solution of Posterior Pituitary U. S. P. XI) is available in 0.5 c. c. and 1.0 c. c. ampoules, providing 10 International Units per c. c. *It is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.*

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NOTES AND ABSTRACTS

Conducted by Carl C. Pfeiffer, M.D., F. F. Yonkman, M.D., Arnold J. Lehman, M.D., and Harold Chase, M.D., Wayne University, Detroit.

Metabolic Cataracts

Dinitrophenol

• In 1933 Tainter and Cutting of Stanford University, after extensive pharmacological studies, introduced 1-2-4 dinitrophenol as a metabolic stimulant for weight reduction in obese individuals. They admitted that the drug was not entirely nontoxic, but suggested that the clinician stay below a certain supposedly safe limit in his dosage. The main toxic reactions noted were skin rashes, neutropenia, peripheral neuritis and, in overdosage, fatal hyperpyrexia.

In 1935 Boardman and an impressive series of independent investigators described several cases of dinitrophenol cataracts resulting from use of the drug for weight reduction. An unsuccessful attempt was then made to reproduce the cataractous lesions in experimental animals.

The only explanation for the cataracts was that since dinitrophenol produces various skin lesions and since the lens of the eye is of ectodermal (epithelial) origin, the drug might be expected to produce opacities in the lens. It had also been noted that dinitrophenol had a predominant effect on fat and carbohydrate metabolism, while nitrogen excretion was not increased. That carbohydrate was involved in dinitrophenol action was shown by a decreased liver and muscle glycogen. The blood sugar level and lactic acid in the muscles and blood also tended to rise. Thus, we can say that carbohydrate metabolism was deranged. The importance of this will be apparent as other types of metabolic cataracts are mentioned.

Diabetic

• Although the condition is one of the rare complications of diabetes, there occasionally occurs in juvenile diabetic patients a fulminating type of cataractous lesion. This may be associated with intense glycosuria and polyuria, such as occasionally occur in juvenile diabetes. Again, carbohydrate metabolism is deranged and the result is lens opacities at an age level that is usually entirely free from this disorder.

Galactose

• Day, working at the University of Arkansas, and also others have shown that if 35 per cent galactose is added to the diet of 28 day old rats (at weaning), cataracts will develop within twenty-one days in almost 100 per cent of the animals. This galactose feeding is accompanied by an intense polyuria and galactosuria. That galactose would produce this diuretic effect had been well known, since galactose, unlike glucose, has no renal threshold. In other words, the galactose is absorbed from the gastro-intestinal tract but, once in the blood stream, the galactose is completely excreted by way of the kidneys except for that portion alone which is synthesized to glycogen in the liver.

This synthesis does not occur in the muscles and, hence, the galactose tolerance test is a useful test of the liver's ability to synthesize glycogen. The test is actually a study of the galactose excreted in the urine over a period of several hours. These cataracts have the appearance of ripened or mature senile cataracts and are irreversible. It should be noted again that carbohydrate metabolism is involved.

Epinephrine and Histamine

• Tum Suden, working at Boston University, was able to produce temporary opacities in the lenses of mice with toxic doses of epinephrine. Working with Wyman, she has recently enlarged the study and found that in rats epinephrine intoxication did not induce rapid transitory opacification of the lens; but during histamine shock, potassium poisoning (1.0 cc. of 10 per cent intraperitoneally) or cortico-adrenal insufficiency, the epinephrine produced the same type of opacification reaction as previously occurred in normal mice. The clouding of the lens was transitory, however, and disappeared one or two hours later as the drug effect wore off.

The authors conclude that the transitory lenticular opacities induced in the rat by a modified epinephrine intoxication are essentially identical with those obtained in the mouse. They suggest that the opacification results from a temporary depletion or failure of adrenocortical activity and can be correlated with a derangement of carbohydrate metabolism associated with conditions favoring circulatory impairment.

These independent studies all point to some impairment of carbohydrate metabolism as the initiating factor in the physico-chemical change which results in lens opacification that may progress clinically to ripened cataracts.

Parathyroid Deficiency

• Luckhardt and Blumenstock in 1923, working at the University of Chicago, found that parathyroidectomized dogs, if maintained over a period of from six to eight months, would usually develop cataracts. This confirmed the clinical findings in postthyroidectomy parathyroid deficiency in which patients frequently develop, in addition to tetany, a typical opacification of the lens.

The only indications that carbohydrate metabolism is involved in this deficiency are the findings of Reed that intravenous glucose will relieve parathyroprival tetany and the findings of Zung and La Barre, working in France in 1933, that parathyroid extract lowers blood sugar by stimulating insulin secretion.

Stilbestrol—Synthetic Estrogen

• In 1938 Dodds and his associates, working in England, announced the synthesis of a new estrogenic agent, diethylestilbestrol. Chemically, this compound differs markedly from the usual phenanthrene base that is generally associated with the sex hormones. The only possible chemical similarity is that the compound has two active hydroxyl groups widely separated by a large organic molecule. The compound is also unusual in that it is almost as active orally as it is if given parenterally. However, it tends to produce a high incidence of nausea, vomiting and abdominal distress when given orally. This may depend to a great extent on the dosage used, since other workers have noted only a slight incidence of these side actions if the dosage is maintained at 2 mgm. daily.

Shorr and his co-workers in New York have made an extensive survey of the clinical data and concluded that stilbestrol is actively estrogenic in human cases but is less active than estradiol benzoate. It is capable of relieving menopausal symptoms. In doses above 2 mgm. daily many disturbing toxic reactions occur, which are probably central in origin. The investigators could detect no signs of tolerance to the drug and suggested that its use be limited at present to experimental studies by qualified investigators.

This brings up two important points regarding synthetic hormone activity. The first is that the beneficial effect is probably mediated through the hormone's action on cellular ion composition and, hence, a sufficient amount of the active ions, such as potassium with desoxycorticosterone, must be present. Second, it must now be determined if these synthetic estrogens act by themselves or through catalysis or solubilization of some derivative of cholesterol or cholesterol itself.—Carl C. Pfeiffer, M.D.

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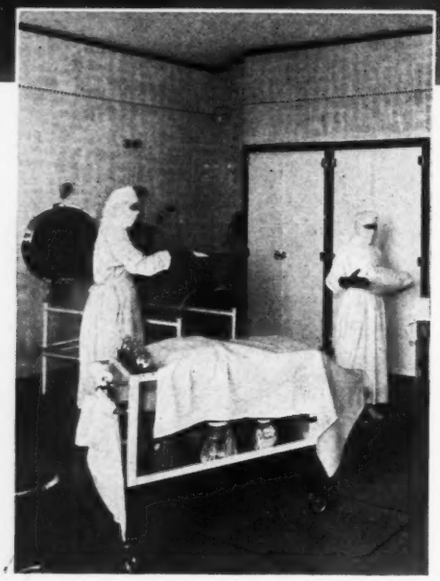

Two views of central service room (sterile section) at St. Joseph's Hospital, Louisville, Kentucky, equipped with Scanlan-Morris sterilizers and supply cabinets.

THE equipment shown above provides sterilizing facilities for the surgeries and the central service department. The installation consists of 4 20x60″ recessed autoclaves, a set of 75-gal. recessed water sterilizers, a recessed Truog water still with storage tank, an exposed type 22x12x10″ instrument sterilizer.

Scanlan-Morris Company's engineering and planning departments freely offer to hospital executive and architect their fullest cooperation and assistance in the establishment of central service and other facilities to meet the specific requirements of the individual hospital. Suggested layout plans and recommendations covering the most suitable selection and arrangement of equipment will be gladly submitted, without obligation.

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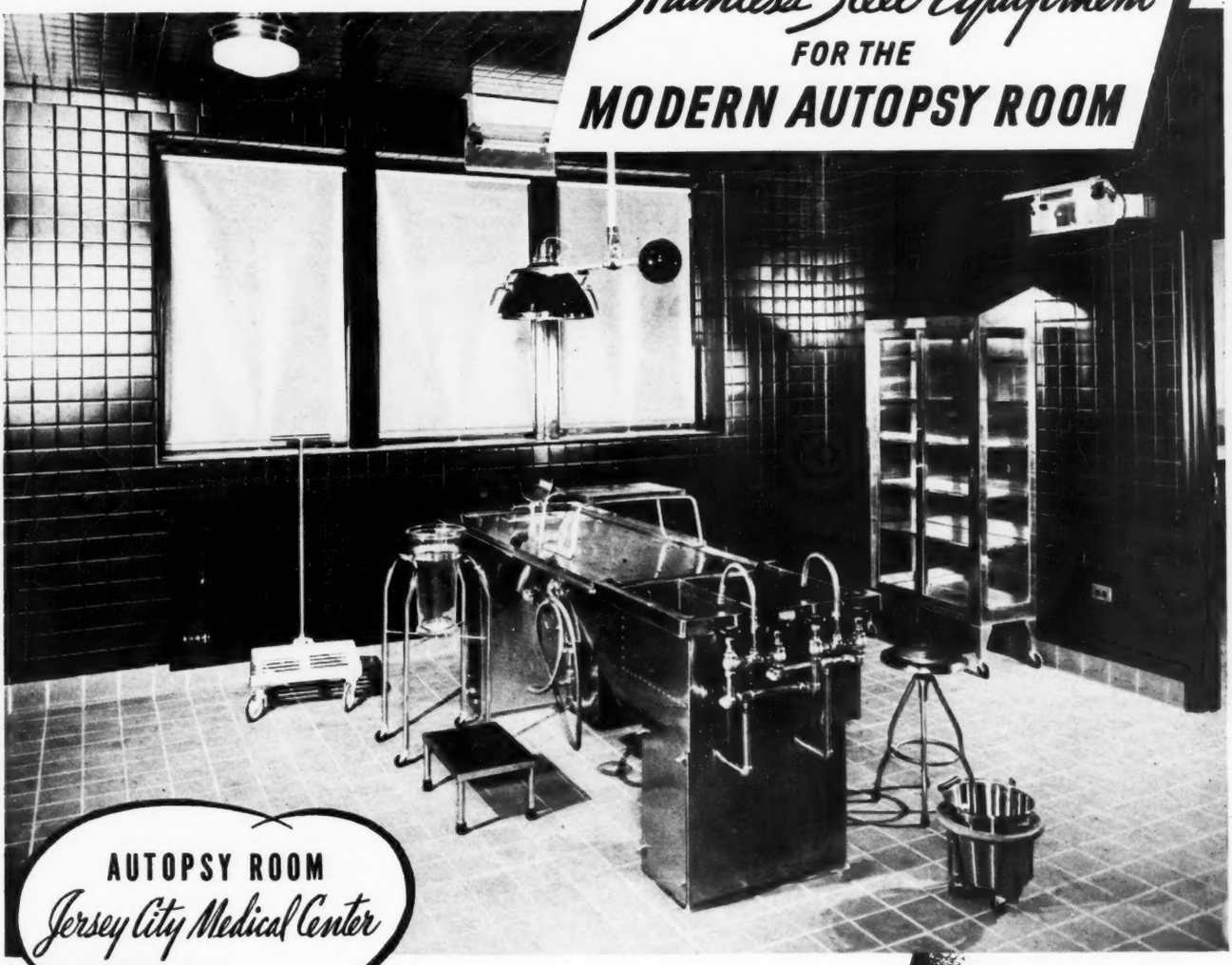

AUTOPSY ROOM
Jersey City Medical Center

Illustration shows one of several Autopsy Rooms in the morgue of the Jersey City Medical Center. In addition to the specially-designed Autopsy Table, equipment includes Stainless Steel Arm Tank Stand, Kick Bucket, Foot Stool, Dolly Truck and Instrument Cabinet. Plate No. 4031.

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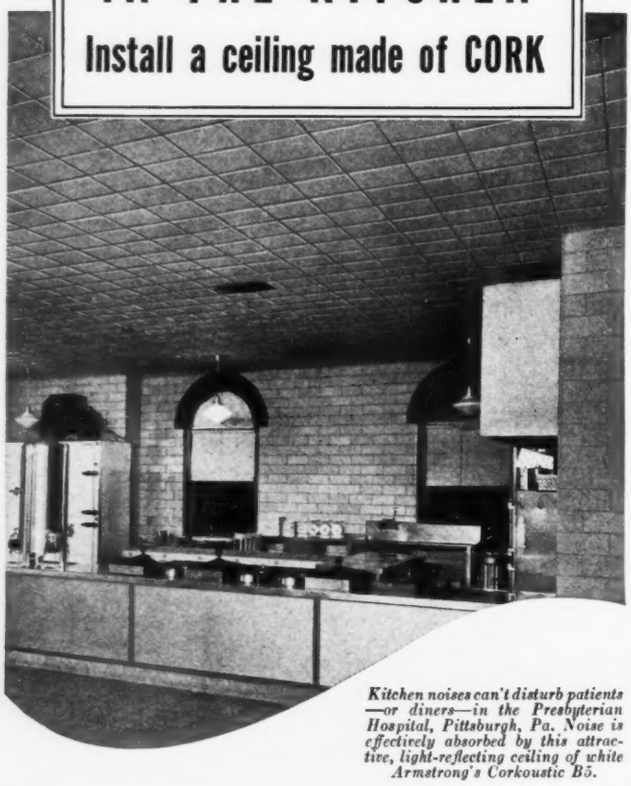

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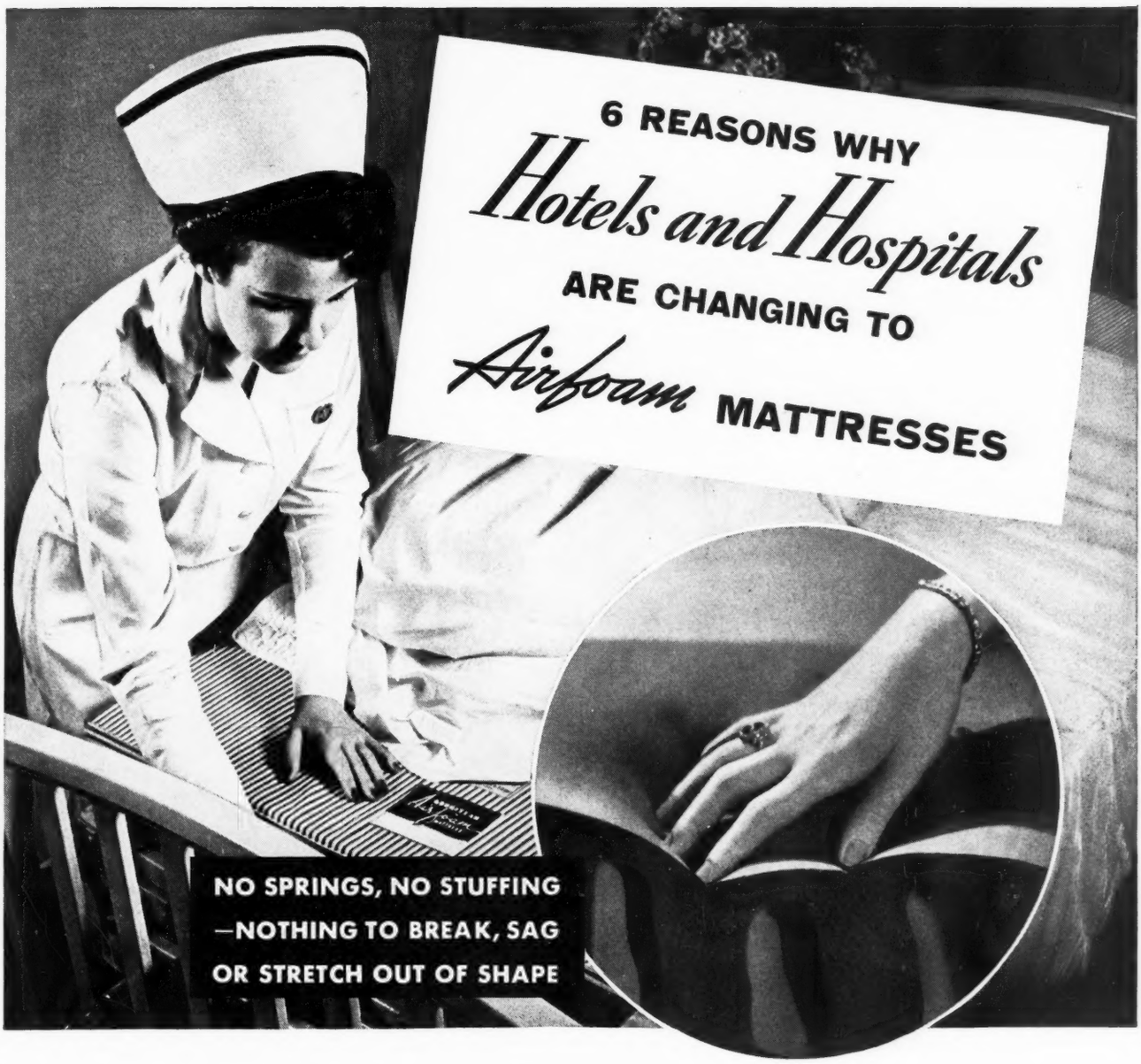

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5. LONG LIFE—**Airfoam** mattresses do not flatten, hollow or stretch out of shape in years of use; make the neatest-looking beds.

6. ECONOMY — **Airfoam** mattresses require no renovation or repair, unless accidentally damaged, during their long life — insuring lowest ultimate cost.

REMEMBER, Airfoam mattresses are a pure cellular latex product, made only by Goodyear. If your supply house does not handle, write for complete information and prices. Address: Airfoam Sales Dept., Goodyear, Akron, Ohio.

FOR THE BEST IN LATEX, SPECIFY

GOODYEAR Airfoam

Airfoam—T. M. The Goodyear Tire & Rubber Company

IN FURNITURE • MATTRESSES • ALL SEATS AND RESTS

NEW MATERIAL WASHES DISHES *at less cost!*

HERE IS WHY!

First of all, this NEW Oakite material cleans THOROUGHLY! It effectively removes all grease and food deposits. From the standpoint of economy, too, it will please you. For only ¼ to ½ ounce per gallon is all that's needed to produce dishes that SHINE and GLEAM! This is another reason why

OAKITE COMPOSITION No. 63

is used by so many hospitals. Still another important advantage of this remarkable material is that it keeps your machine clean. There is no clogging of spray jets . . . no lime scale deposits. Here again you have a real money gain because often it costs you extra time and expense to remove them.

And because this NEW material has remarkable lime-solubilizing properties, it also helps eliminate hard water spots on dishes and glassware. Rinsing freely, it leaves glassware BRIGHT and SPARKLING!

Why not let us give you more data about Oakite Composition No. 63 or have us make tests under actual working conditions? There is no obligation whatever, so won't you write today?

Manufactured only by
OAKITE PRODUCTS, INC.,
18A Thames St., NEW YORK, N. Y.
Representatives in All Principal Cities of the U. S. and Canada

OAKITE *Certified* CLEANING
MATERIALS & METHODS FOR EVERY CLEANING REQUIREMENT

INDEX OF ADVERTISERS

Continued from page 10

BUY SHEETS *by the washing* AND YOU'LL BUY PEQUOT

Nowhere do sheets get such a merciless beating as in a hospital. Rushed from the bed to the laundry. Then back to the bed. Stains to be removed. Special chemicals, eating away at the fibres.

That's why, to hospitals, the way a sheet stands washing is of greater importance, even, than its initial cost. The price you pay is important—yes—but *over how many hospital washings will it spread?*

7 Years of Continuous Testing!
—a record no other sheet can equal

If you buy sheets scientifically, investigate the amazing tests conducted by the U. S. Testing Co. of New York. Every month *for 7 years,* these laboratories have bought sheets at random, in stores all over the country. These sheets are tested for thread count, weight and breaking strength. Pequots, according to these tests, show extraordinary uniformity and strength. No other sheet has ever shown such evidence of maintained high quality.

You cannot afford to ignore such impressive, impartial sheet tests. For a giant's job, you need a giant's strength. Pequot is a giant for wear.

PEQUOT SHEETS AND PILLOW CASES

PEQUOT MILLS, SALEM, MASSACHUSETTS
General Sales Offices: 21 East 26th St., N. Y. C.
Boston • Philadelphia • Chicago • San Francisco

CANNED FOODS IN THE MODERN PATTERN OF NUTRITION

● Generalities as to human nutritive requirements are of but limited use in the practical application of our modern knowledge of nutrition. This is particularly true where expert and experienced advice on diet formulation is not readily or conveniently available. For those concerned with actual diet planning or administration, more specific information on nutrition is desirable.

During recent years, several excellent texts have become available which present reliable guidance in diet planning (1, 2, 3). One important factor governing conformance with any diet pattern, of course, is the economic status of the individual, family, or group. A recent text presents a workable system in which rather full consideration has been given to this factor (1).

Under this pattern, the common foods have been classed according to their nutritive contributions into some 12 groups. These groups include milk; potatoes and sweet potatoes; mature dry legumes and nuts; tomatoes and citrus fruits; leafy green and yellow vegetables; other vegetables and fruits; eggs; lean meat, poultry, and fish; flour and cereals; butter; other fats; and sugar. There will, of course, be quantitative differences in the nutritive values of individual foods within a single group. However, there is sufficient similarity so that the foods within a group can be used interchangeably as conditioned by factors such as availability, relative costs, and personal, racial, or religious preferences. In order to minimize variation of nutritive values obtained from each food group, it has been suggested that as wide a variety of foods within a group, as practical, be consumed.

In connection with this diet plan, desirable yearly food allotments for persons of various sex, age, or conditions of life are also listed in terms of these twelve food groups. Thus, from information regarding the sex, age, and activities of the members of a family or group, one can compute the yearly amounts of the various foods which should be provided. From the sum of these yearly totals, the food allowances per week or month for the family or group can be estimated. The latitude in the choice of foods, within the twelve specified food groups, makes the diet pattern more adaptable to situations where the economic factor must be considered.

Estimation of food requirements in this manner provides a practical method of diet planning designed to supply the nutritive requirements of an individual, a family, a group, or even a nation. However, the ultimate achievement of an improved nutritional status is dependent upon a readily available supply (at all times) of the various common foods at reasonable cost. It is apparent from the listing of the twelve food groups that many materials of a perishable nature—which are not conducive to year-round production near the centers of large populations—are indispensable in supplying the dietary requirements of our people. Thus, the transportation and storage of foods, in such a manner as to retain nutritive values, are important problems to be considered.

Needless to state, commercially canned foods are well adapted for use in this diet plan. Commercial canneries are located near the sites of abundant supply of freshly harvested foods. The canning processes convert the perishable foods into nutritious canned foods which can be economically transported and marketed throughout the year. Hence, the canning industry plays an important role in the practical aspects of diet planning to improve the nutritional status of the American people.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

REFERENCES

1. 1939. Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Govt. Printing Office, Washington, D. C.
2. 1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.
3. 1940. J. A. M. A. 114, 548.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-fifth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Curity

Curity's suture research laboratory leads again with the development of this new suture material in a form particularly adapted to operating room needs. Constant development of new and improved products is a major part of Curity's contribution toward never-ending progress in the efficiency of surgical technic and the economy of hospital operation.

LEWIS MANUFACTURING CO., *Division of* THE KENDALL COMPANY
Walpole, Mass.

DRESSINGS • SUTURES • ORTHOPEDIC PRODUCTS

There IS *a Difference*

You can buy coffee for 15c a pound and you can also pay 35c a pound for coffee. Both are coffee but there is a difference—a difference in aroma, in taste. And you use more of the low priced coffee per cup.

MARVIN-NEITZEL CLOTHING

Costs Less Because It Wears Longer

Testing laboratory strength of fabric used in Marvin-Neitzel garments.

As with coffee there is a difference in hospital clothing. The cloth of which the garments are made, the quality of the thread used in joining and the reinforcements all determine the value of the apparel. As with coffee, strength is a vital factor. Laboratory proved material and hospital tested construction make Marvin-Neitzel garments better. The test of actual use proves their superiority.

Buy Marvin-Neitzel hospital clothing and prove its high quality to your own satisfaction. Experience has proven that Marvin-Neitzel clothing costs less because it wears longer. Use the coupon for test samples.

Yes! Prove the money saving value of Marvin-Neitzel clothing. Send us the following test samples.

1. Doctor's Gown ☐ 2. Scrub Suit ☐ 3. Patient's Gown ☐

Signed_____ **Title**_____

Hospital_____

City_____ **State**_____

Marvin-Neitzel hospital clothing is packed in strong, metal edged storage boxes.

MARVIN NEITZEL

Marvin Neitzel

SINCE 1845

CORPORATION

TROY, NEW YORK

"WASN'T I SHORTSIGHTED . . .

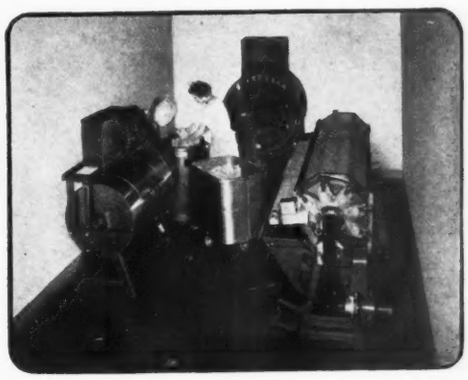
to have waited so long?"

You'll find hundreds of hospital executives, some operating as small as 15-bed hospitals, who wish they had installed their American 4-MACHINE LAUNDRY years ago. Their one regret is that they waited so long to investigate this compact, inexpensive laundering unit which has proved so practical and economical in solving their soiled linen problems.

Users of the American 4-MACHINE LAUNDRY are enthusiastic over the sterile-clean washing, soft, fluffy drying and finest quality ironing produced by the unit—all in the space of an average private patient's room. They find it returns linens to service faster . . . maintains an adequate supply of clean linens for any emergency . . . yet reduces the linen inventory required. Operation is easy, usually requiring only part time of one operator. Most important, laundering costs are held to the very minimum.

Don't put off finding out whether, and to what extent, *your* hospital can benefit by installation of an American 4-MACHINE LAUNDRY. Our free Laundry Advisory Service will definitely answer these questions with an impartial survey of your particular laundering needs. There is no obligation whatever for this service. Write us today.

The AMERICAN 4-MACHINE LAUNDRY
Send Today For Free Miniature Model.



ASK FOR AN AMERICAN LAUNDRY ADVISER

THE AMERICAN LAUNDRY MACHINERY CO.
CINCINNATI, OHIO

AGENT	AVERAGE REDUCTION OF COLONIES IN MINUTES	DURATION OF ACTION	COMMENTS
Antiseptic No. 1	85%	10 Minutes	More effective against staphylococci than streptococci.
Antiseptic No. 2	75%	10 Minutes	In several subjects there was no reduction in count.
Antiseptic No. 3	35%	—	Stain objectionable.
Antiseptic No. 4	50%	—	Solution too irritating, also stain objectionable.
Antiseptic No. 5	90%	30 Minutes	Too irritating. No reduction in count in several subjects.
Antiseptic No. 6	65%	—	
Antiseptic No. 7	55%	—	Has a phenol coefficient of 625 and is non-toxic.
Antiseptic No. 8	0%	—	Too irritating.
Antiseptic No. 9	50%	—	Some subjects complained of irritation.
Antiseptic No. 10	95%—100%	30 Minutes	Some subjects complained of irritation.
Antiseptic No. 11	75%	20 Minutes	Longer action and less irritating. Oiliness objectionable to some.
Antiseptic No. 12	95%—100%	40 Minutes	
Antiseptic No. 13	50%	—	Only a very slight irritation to some. No unfavorable after-effects.
Tincture Metaphen (1:200)	95%—100%	2 Hours	
Antiseptic No. 15*	75%—85%	1½ to 2 Hours	

*A special experimental solution of Metaphen 1:500

(Summarized from report of Meyer, E., and Arnold, L. (1938) Amer. J. Digest. Dis., 5:418

Supplied in 1-ounce, 4-ounce, 1-pint and 1-gallon bottles. Tincture Metaphen *Untinted,* for use where a stain may be objectionable, is supplied in the same sizes. Abbott Laboratories, North Chicago, Ill.

★ *Tincture Metaphen*

(4-nitro-anhydro-hydroxy-mercury-ortho cresol, Abbott)

Now . . . the New SUNGLOW Modern Group with a new

INDESTRUCTIBLE FINISH*

. . . and of course, usual Eichenlaub HIGH QUALITY

Carefully Planned and Scientifically Designed to Render the Most Efficient Service with Utmost Comfort and Appeal to the Patient

In answer to the demand for a modern period group Eichenlaubs' designers and engineers have produced a most complete modern group consisting of no less than twenty related pieces, each designed for a specific purpose and definite performance. The modern design and graceful pleasing proportions of this group create a comfortable atmosphere and stimulate interest in modern trends.

In the selection of pieces one may choose from a variety of three styles of beds, two styles of screens, two types of over-bed tables, two bedside tables, two easy chairs, and two straight chairs, all related and a part of this ensemble. This feature is extremely important in the interest of equipment standardization.

ACID RESISTING AND BURN-PROOF TOPS

All dressers and service pieces, ie. over-bed tables, bedside tables, and cabinets are provided with special wood tops capable of standing any acid, alcohol, or germicide tests, and are further guaranteed cigarette burn-proof.

• • •

SPECIAL DOVETAIL CONSTRUCTION

Our special dovetail construction methods insuring life long use have been employed throughout and are unquestionably the finest construction methods known in the furniture industry. This is one assurance of quality. Many other important features including the bedside cabinet with its new efficient service design are explained in detail in our catalogue illustrating the individual pieces. Write for this catalogue today showing our complete line of hospital furniture with prices. There is no charge or obligation.

**All dresser and service table tops specially processed with a patented resin chemical compound surface by the Formica Company*

MH12-40

MAIN OFFICE
PITTSBURGH PA.

EICHENLAUBS
FOR BETTER FURNITURE

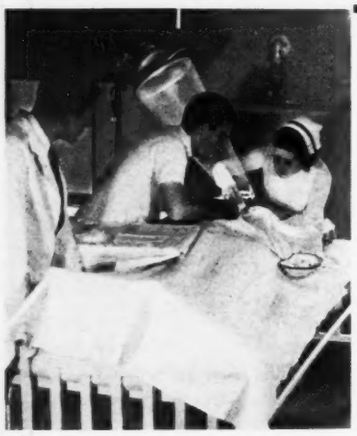
FACTORY
JAMESTOWN, N.Y.

Smoother texture . . . with a real gain in wearing qualities . . . make UTICA sheets popular with patients and managing staffs alike. Their *longer* fibre cotton assures *lower* replacement costs.

MOHAWK sheets also help balance hospital budgets. Not quite as heavy as UTICAS and lower in price . . . yet longer wearing than ordinary sheets in the same price class.

Utica and Mohawk Cotton Mills, Inc., Utica, N. Y. Selling Agents: Taylor, Clapp & Beall, 55 North St., New York City.

UTICA SHEETS
MOHAWK SHEETS
Born with 9 lives



AS GOOD IN YOUR HOSPITAL AS IN YOUR OFFICE

THE CASTLE NO. 1 SPOTLIGHT

designed for the doctor's office, has innumerable uses in the hospital itself. For example: the delivery room, emergency room, treatment rooms, clinics or at the patient's bedside. In small hospitals, it even has a place in the operating room.

Designed just like its big hospital brother, it lights a cavity even though your head is in the light path. Completely adjustable, a hospital light at an office price. Try one, or write for catalog.

WILMOT CASTLE COMPANY
1271 University Avenue Rochester, N. Y.

CASTLE LIGHTS

Avoid HEADACHES
use the
simplified system of
HOSPITAL ACCOUNTING
in 1941

It's a simple, easy-to-follow, workable plan that conforms to A. H. A. Chart of Accounts. The PENN-WARD SYSTEM is adapted to the requirements of both large and small hospitals. Economical in price and no installation cost.

Write for
FREE
Manual describing this system.

PHYSICIANS' RECORD CO.
The Largest Publishers of Hospital and Medical Records
161 W. HARRISON ST. CHICAGO, ILL.

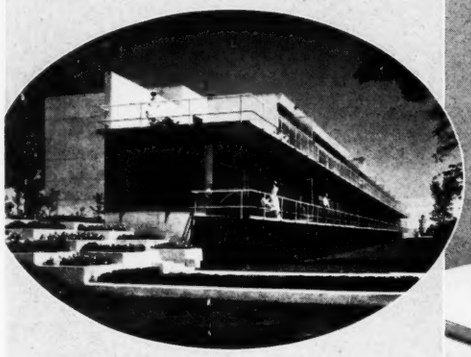
WE HAVE A STANDARDIZED FORM FOR EVERY HOSPITAL PURPOSE

A12-40

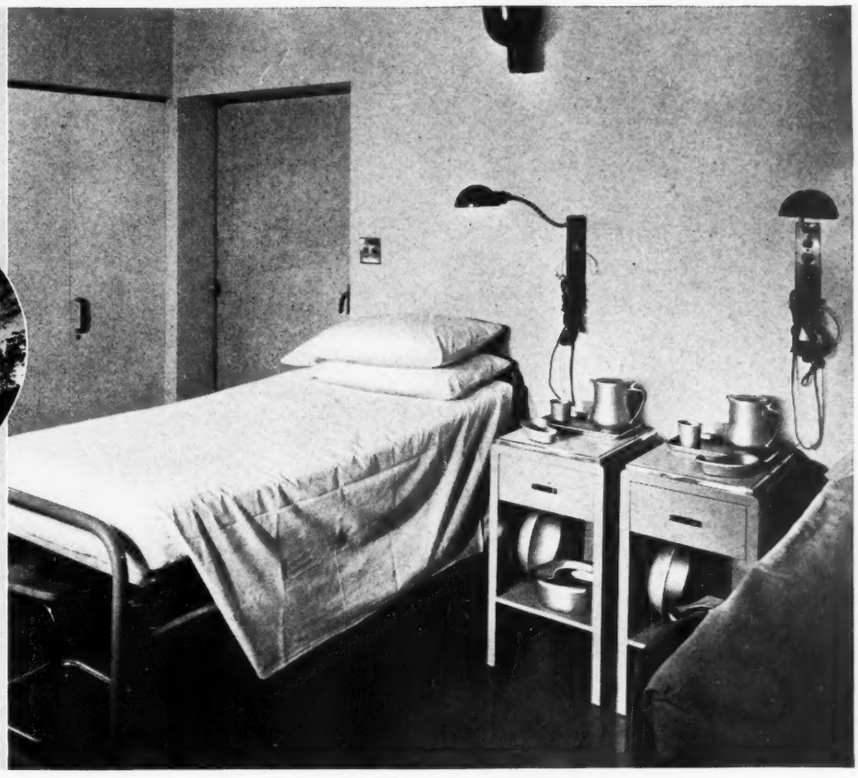
It's Wear-Ever Everywhere

AT LAKE COUNTY TUBERCULOSIS SANATORIUM

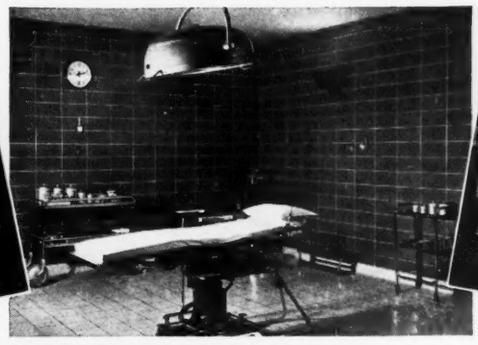
This new Sanatorium, Waukegan, Ill., represents the latest and finest in hospital facilities.

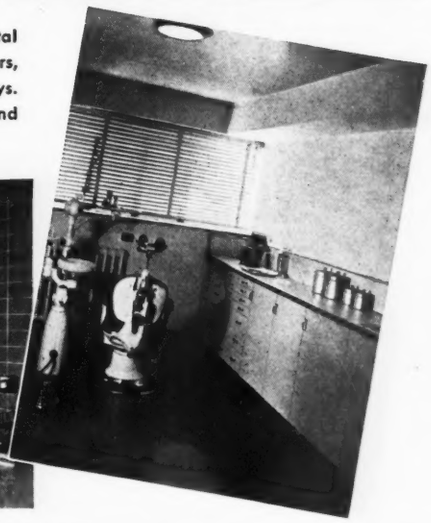


Here is a typical room. The bedside stands are equipped with Wear-Ever Aluminum emesis basin, water pitcher, drinking cup, tray, wash basin, and bed pan. Made of extra hard, but light, alloy sheet Aluminum. Wear-Ever is durable and easy to handle.



In medicine closets, operating room, and dental clinic, you find more Wear-Ever: dressing jars, instrument trays, emesis basins, and utility trays. All have stain-resistant Alumilite finish, withstand sterilization. Seamless for easy cleaning.





WEAR-EVER ALUMINUM TRADE MARK REG. U.S. PAT. OFF.

"Wear-Ever" ALUMINUM CLINICAL WARE

MAIL THIS FOR FULL DETAILS

Wear-Ever, Clinical Ware Division,
712 Wear-Ever Building, New Kensington, Pa.

Gentlemen: Send your catalog and full details about Wear-Ever Aluminum Clinical Ware.

Name_____

Hospital_____

City_____ State_____

All you need now is *Plenty of Rest!*

PREMIER
REG. U.S. PAT. OFF.
SPRING WIRE
made exclusively by
AMERICAN STEEL & WIRE COMPANY

BEDS WITH STEEL SPRINGS are clean and comfortable. The Premier Spring Wire Tag on mattresses and bed springs is a sign that the manufacturer has used the best spring wire he can buy. It shows that "Hidden Values," the qualities you look for but cannot see, are to be found in bed springs and mattresses that carry this famous Premier Tag.

"PLENTY OF REST" might mean staying in bed 24 hours a day for several days or more. And naturally a comfortable bed is important when rest is necessary. Beds that are comfortable and *stay* that way make a sound investment of hospital funds.

Just how long a hospital bed remains soft and comfortable depends largely upon the kind of steel that is used in the springs. That's why leading manufacturers use Premier Spring Wire. They know that Premier is the best Spring Wire money can buy. And you can tell whether Premier Spring Wire has been used in the beds you buy by looking for the famous Premier Spring Wire Tag. It is attached to bed springs and mattresses as your guide to better value.

AMERICAN STEEL & WIRE COMPANY

Cleveland, Chicago and New York

Columbia Steel Company, San Francisco, *Pacific Coast Distributors*

United States Steel Export Company, New York

UNITED STATES STEEL

Bassick DIAMOND-ARROW

INSTITUTIONAL CASTERS

Highest quality is combined with economy in the patented Diamond-Arrow full-floating, ball-bearing construction.

Available in light and heavy duty construction for every requirement . . . with Bassick spring-iron sockets or as illustrated with the

NEW AND IMPROVED "V-SPREADER"

. . an entirely different type of rubber expanding adapter that allows positive, fool-proof application in metal tubings.

See the Bassick Catalog in the Modern Hospital Yearbook, or write for institutional caster catalog. There are Bassick casters and floor protection equipment for every requirement.

Bassick casters and floor protection equipment are available through conveniently located surgical supply houses or institutional distributors.

THE BASSICK COMPANY • BRIDGEPORT, CONNECTICUT

Canadian Factory: STEWART-WARNER-ALEMITE CORPORATION OF CANADA, LTD., BELLEVILLE, ONTARIO

How To Use and Handle Oxygen

Most Efficiently

Helping to work out efficient systems for reducing cylinder handling and oxygen waste is typical of the Linde service which brings tangible savings to many hospitals.

LINDE is widely experienced in the use and correct handling of oxygen and oxygen apparatus. An important part of the help which this organization extends to hospitals is co-operation in reducing oxygen waste, simplifying cylinder handling, and holding down the expense of oxygen therapy in general.

We will be glad to show just how this experience and service can help you achieve most effective results at lowest cost, and to tell you exactly how to take full advantage of the economies of using Linde Oxygen, U.S.P. from large industrial-size cylinders for medical purposes.

THE LINDE AIR PRODUCTS COMPANY
Unit of Union Carbide and Carbon Corporation
Offices in New York UCC and Principal Cities

LINDE OXYGEN U. S. P.

The word "Linde" is a trade-mark of The Linde Air Products Company

INCREASED LOADS AHEAD... MODERNIZE TO MEET THEM!

One important way to meet this increasing burden is to modernize your signaling system for greater routine efficiency. Such modernization has been organized into a definite engineering procedure by Connecticut. With a *minimum of new parts* and, in most instances, without interruption of service, hospitals can be brought up to date on signaling equipment.

Under Connecticut's new modernizing policy you receive a liberal allowance for old equipment, so that the cost is held at moderate figures, well within your maintenance budget. It will cost you nothing to have a thorough survey made by a Connecticut field engineer.

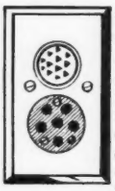
These are a few of Connecticut's important modernizing units

Molded Call Button (Locking Type)

This new call button is attractive, shock-proof and practically tamper-proof. It locks when pressed, and can be released only from the bedside, so that the call remains registered until answered. Can be sterilized without disassembling.

Wall Stations

New Connecticut Wall Stations are improved in many ways over previous types. Original Connecticut safety feature, not found in many other systems, is still further improved. Accidental removal of plug, lights lamps and sounds buzzers until replaced. No dummy plugs are required.

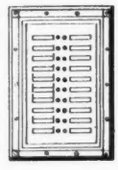


Corridor Lights

The new Connecticut Corridor Light has hinged, all-molded dome which permits easy lamp replacement and eliminates the lost screws, breakage of expensive domes and other nuisance connected with old-style screwed-on frames.

Doctors' Register

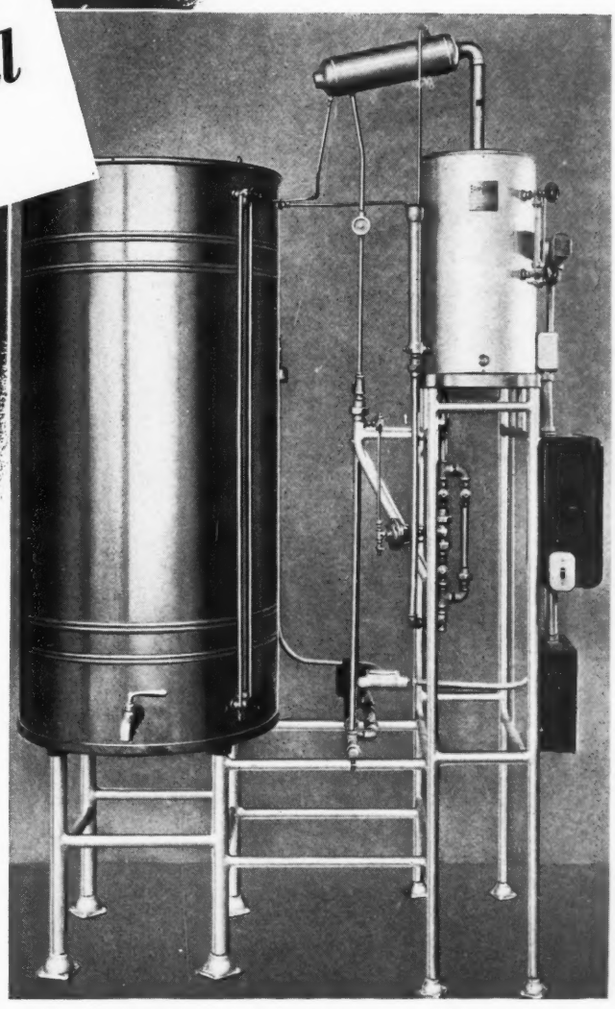
While doctor is in building, his name is illuminated, eliminating unnecessary paging, and in emergency cases saving priceless time in locating doctor. Our co-operative purchase plan makes it possible for you to install these Registers at little or no cost to the hospital.



Modernize a step at a time, as your maintenance budget permits.

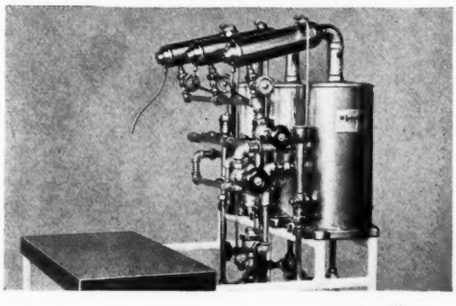
CONNECTICUT
Telephone and Electric
CORPORATION
Meriden, Conn.

You Don't have to Nurse a BARNSTEAD Water Still !



There's no fuss or bother when you have a Barnstead Still. Simply turn the valves to produce all the distilled water you need—pure and safe for hospital work. That's all there is to it. Or you can have a Barnstead Water Still that is completely automatic . . . self-starting, self-stopping and self-flushing. Without turning a hand you can have an ever-ready supply of the purest distilled water you can find, *when you need it and as you need it.*

This, plus the distinctive Barnstead features—counter current condensation, hot well and condenser units, special Spanish Prison Type Baffles, copper and brass construction, pure tin linings—plus the largest and most complete range of models, has made the Barnstead the number one favorite water still for over half a century.



More Barnstead Water Stills in Hospitals than any other make

Being the original hospital water still —modernized in every respect—the Barnstead is readily acceptable by hospitals large and small. Thousands of these stills are now giving excellent year-in-and-year-out service in hospital clinics, pharmacies and surgeries the world over. Most hospitals rely on the uniformly pure Barnstead Distilled Water in preparing intravenous solutions.

Send for Catalog

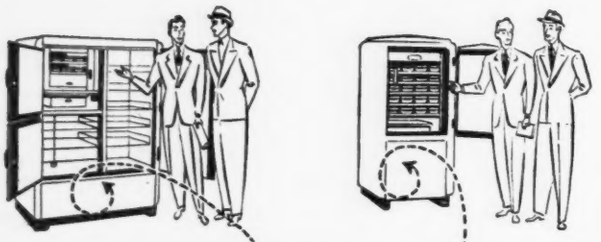
Complete 70 page catalog gives full information on all Barnstead Water Stills ranging from ½ to 500 gallons per hour. Explains types of operation—steam, gas, electricity, kerosene and gasoline. Shows different types of mountings. Gives complete details, dimensions, operating requirements and mechanical features. Write for copy.

Barnstead
STILL & STERILIZER CO. Inc.
31 LANESVILLE TERRACE, FOREST HILLS
BOSTON, MASSACHUSETTS

Typical Hospitals Using Barnstead Stills

Buffalo General Hospital, Buffalo, N. Y.; California State Hospital, Stockton, Calif.; Columbia-Presbyterian, New Medical Center, N. Y.; Faulkner Hospital, Jamaica Plain, Mass.; Forsythe Dental Infirmary, Boston; Hartford Hospital, Hartford, Conn.; Massachusetts General Hospital, Boston; Northwest Texas Hospital, Amarillo, Tex.; Queens Hospital, Honolulu, Hawaii; St. Lukes Hospital, New Bedford, Mass.

To keep your upkeep down



Look for this G-E Condensing Unit

When you invest in any kind of commercial refrigeration, look deeper than the enamel finish—*see what makes it "tick!"* **When it's powered with a General Electric Condensing Unit, rest assured that your power bills will be low, that your repair bills will probably be conspicuous by their absence.**

General Electric "Scotch Giant" Condensing Units are economical, sturdy and live a long life. Each unit is warranted by the world's largest electrical manufacturer. There are G-E Condensing Units in a family of sizes ranging from ¼ up to 60 hp...for practically every commercial refrigeration need. See your General Electric Dealer...or send the coupon.

GENERAL ELECTRIC

COMMERCIAL REFRIGERATION

GENERAL ELECTRIC CO., Div. 160-667, Bloomfield, N. J.

Please send me interesting descriptive literature on G-E Commercial Refrigeration. I'm especially interested in

_____

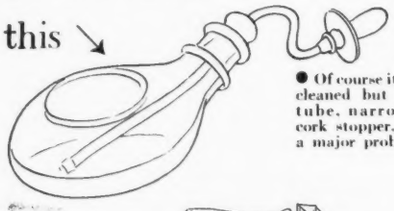
Name _____

Address _____

City _____ *State* _____

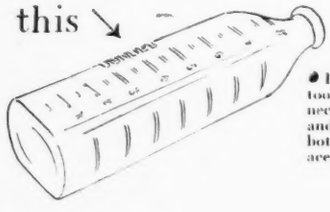
EVOLUTION OF A NURSING BOTTLE

In the  days, doctors had to recommend this ↘

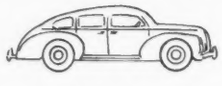


● Of course it could be cleaned but the long tube, narrow neck, cork stopper, made it a major problem.

When the  first became popular . . doctors had to recommend this ↘



● It could be cleaned, too, but the narrow neck, sharp corners and bends still made bottle feeding a menace and a nuisance.

Today, you can recommend HYGEIA . . a nursing bottle and nipple as efficient as a new 1941 

● Wide-mouth, rounded inner surface makes bottle as easy to clean as a tumbler. Nipple easily inverted. No corners, no cracks where germs can hide.

HYGEIA

Safer

BECAUSE EASIER TO CLEAN

Hygeia Nursing Bottle Co., Inc.
Buffalo, N. Y.

Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.

Quiet! Sterile!

BOLTALITE TRAYS

Molded in one piece of sound-arresting material Boltalite Trays cannot cause distraction noise in private rooms, wards, corridors or kitchens.

Their rich mahogany color and fresh cleanliness win compliments from patients and visitors. Since they are solid Boltalite, there is no surface finish to chip, peel or scratch. They are practically unbreakable in service.

Boltalite Trays may be sent through the dishwasher without harm. Their hard, lustrous surface is germ-proof, stain-proof; will not smut hands, linen or uniforms.

Ask your equipment dealer for complete information about Boltalite Products; or write us.

THE BOLTA Company

• LAWRENCE • MASSACHUSETTS •

Neck-Contoured!

Miller

One for adults—one for children!

U-shape snugs to natural neck lines. Greater comfort in rounded edges and soft, silk-like finish. One-piece construction of pure latex rubber. Easier to fill. Rust-resistant cap—chain attached.

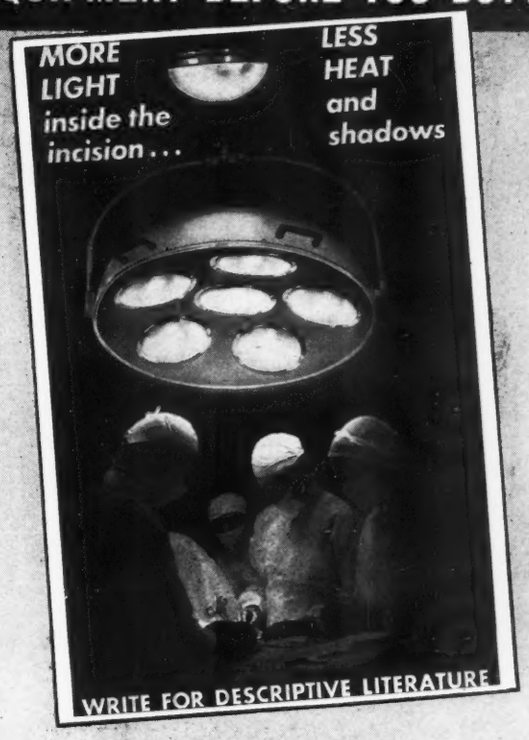
Ask your surgical wholesaler to show you this modern, neck-contoured Miller Throat Collar!

ANODE LATEX

HOSPITAL THROAT COLLAR

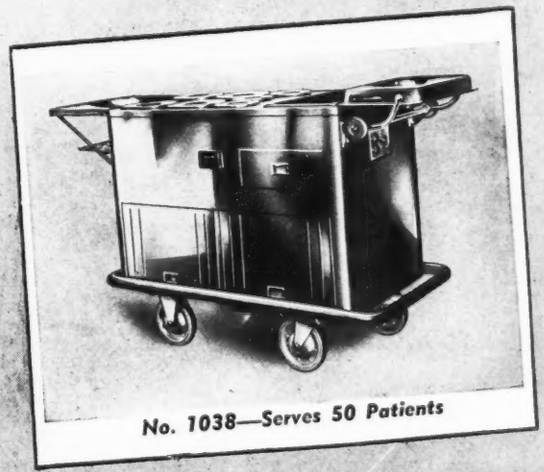
MILLER RUBBER COMPANY, INC. • AKRON, OHIO

LOOK AT *PROMETHEUS* HOSPITAL EQUIPMENT BEFORE YOU BUY!



Three examples of modern, dependable hospital equipment manufactured by Prometheus. Complete catalog on request.

No. 1023 Tray Truck



No. 1038—Serves 50 Patients

PROMETHEUS ELECTRIC CORP.

401 W. 13 St., New York • Manufacturers Since 1901

by Horner

104 Years of Making Woolens

Beautiful — Warm — Lightweight — and INEXPENSIVE—Made of carefully selected wool, pre-shrunk, and scientifically constructed to stand years of hard service and constant laundering. Comes in soft opalescent shade with green border—Size 62x84. Thoroughly scoured. Write Dept. M12 for samples and details.

MH 12-40

HORNER WOOLEN MILLS COMPANY
EATON RAPIDS, MICH.

You Can't Afford Mistakes In A Hospital

ORDERLINESS and sanitation are hospital necessities. So, too, is identification—knowing what things are, whose they are, where they belong.

See that everything is marked with **CASH'S Woven NAMES.** Towels, sheets and all linen should be marked for each ward or department. Uniforms and all wearables should carry the user's name.

CASH'S NAMES identify instantly—prevent loss or misuse, save money. Easily attached with thread or Cash's NO-SO Boilproof Cement (25c a tube).

Individual Name Prices	12 doz. $3.00	9 doz. $2.50
	6 doz. 2.00	3 doz. 1.50

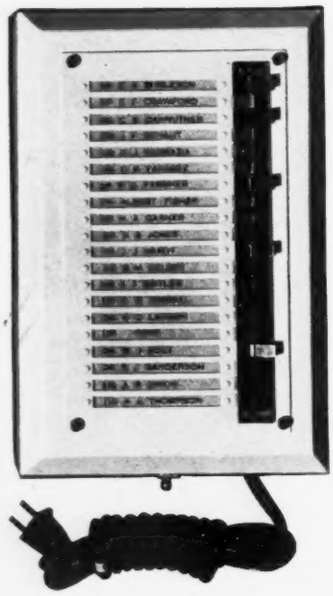
A larger size, woven on half-inch tape, is widely used for attaching to sleeves or caps of uniforms.

NEW! For those who desire woven name quality at the lowest possible price we offer Cash's JACQUARD Woven Names in 3 styles. Ask about them.

Write and let us figure on your needs, whether institutional or personal

CASH'S 210 Chestnut St., So. Norwalk, Conn., or 6208 So. Gramercy Pl., Los Angeles, Cal.

"AT LONG LAST"—Here's That Inexpensive Illuminated Staff Register You've Been Asking For.



THE MONO-LITE

Mount it at the information counter in view of the operator, connect the cord to the nearest wall outlet and it's ready for use.

The Mono-Lite is available in any number of names that is a multiple of 20, as 40-60-80, etc.

Individual printed name plates to your list are installed. These are illuminated at all times. Hinged Shutters are thrown from side to side, covering and uncovering red and green illuminated spots, green for "in" red for "out."

Illumination is provided by two 10 watt standard lamps for each group of twenty names, at a power cost of 2c a day.

A switch for lamp control is mounted in base, also an eight foot cord and plug.

FOR ADDITIONAL INFORMATION AND PRICES THAT WILL AMAZE YOU WRITE TO

CHICAGO SIGNAL ORGANIZATION

1160 NORTH HOWE STREET CHICAGO, ILL.

Free! ...THIS VALUABLE NEW BOOK

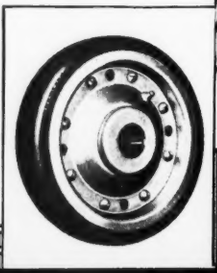
Darnell CASTERS & WHEELS

A SAVING AT EVERY TURN

The widespread demand for Darnell Casters and Wheels in the Institutional field is the result of many years of research and experience of Darnell engineers. There are many practical, time and money-saving applications of Darnell Products. It will pay you to get acquainted with Darnell advantages.

Built-in quality assures a long life of efficient service—it pays to "Demand Darnell Dependability"

KEEP TURNING AND EARNING



DARNELL CORP., Ltd. LONG BEACH, CALIF.
36 N. CLINTON, CHICAGO—24 E. 22nd ST., NEW YORK

Dr. Chas. H. Young, Superintendent
Chas. H. McCauley, Architect.

FOR JEFFERSON HOSPITAL AND NURSES' HOME

712 SIMMONS BEDS

AND 2105 OTHER PIECES OF SIMMONS HOSPITAL EQUIPMENT

DELIVERED and installed in Jefferson Hospital and Nurses' Home in Birmingham, Alabama, were 2817 pieces of Simmons equipment. Hospital beds numbered 543—beds for doctors or nurses, 169. In planning the $2,000,000 building, comfort, efficiency and economy were kept in mind throughout. Simmons equipment met the requirements.

If you are considering initial or additional furnishings for private rooms, semi-private or wards, quarters for nurses or internes—you should know the benefits provided by Simmons Steel Furniture and Sleep Equipment. With Simmons Steel Furniture, maintenance costs are negligible. Attractive, fire-resistant, it is extra durable . . . able to stand hard usage . . . has much longer life.

In the two new colorful Simmons catalogs is all the information. They make it easy for you to select either individual pieces or complete room groupings to meet any budget requirement. Mail the coupon today—either or both are yours without obligation.

SIMMONS COMPANY
HOSPITAL DIVISION
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Simmons Company, Hospital Division,
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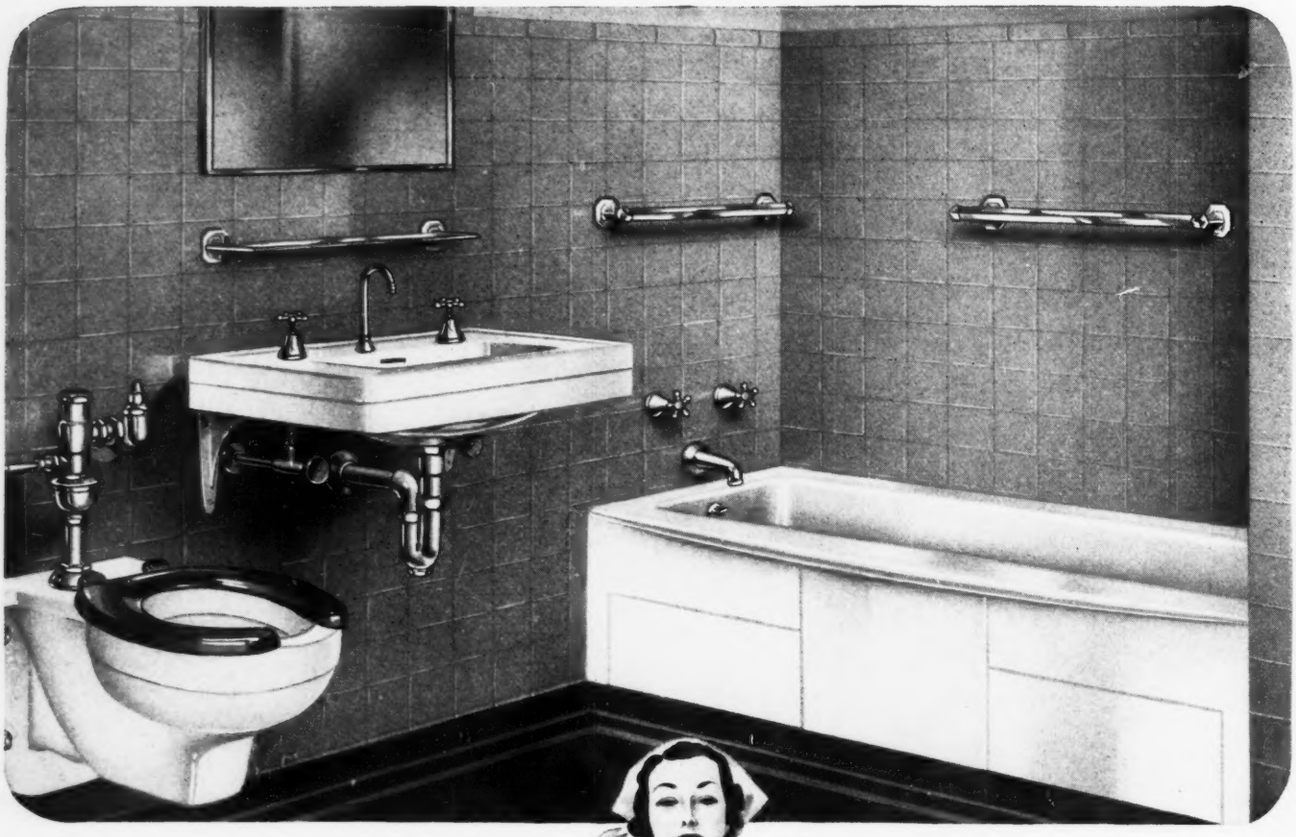

"MY ARM MUSCLES KNOW THAT IT'S EASY TO CLEAN Crane Duraclay"

"No more scrub—scrub—scrub—to get our patients' private bathtubs really *clean.* Dirt just doesn't stick to a Crane Duraclay tub—and what's more, acids and medicine don't stain it!"

You are right, Miss Jones! That Crane Duraclay bathtub is really a triumph of Crane research in developing better, more convenient hospital plumbing products.

Duraclay, you see, has a hard, glass-like surface, non-porous and impervious to acids and medicine. Duraclay, too, is highly resistant to scratches or abrasions. Its surface stays "good as new" even after a long period of service. Highly resistant to thermal shock (sudden changes in temperature), Duraclay has all the durability that hospital service demands.

Ideal for use in patients' bathrooms, Crane Duraclay hospital plumbing products are available for every hospital department. Increase hospital convenience—and lower hospital maintenance cost with Crane specialized plumbing products made of this enduring material. Write for pamphlet describing Crane Duraclay—and inquire about the Crane budget plan of hospital modernization.

AMERICAN COLLEGE OF SURGEONS

1940 OUR 85th YEAR

CRANE

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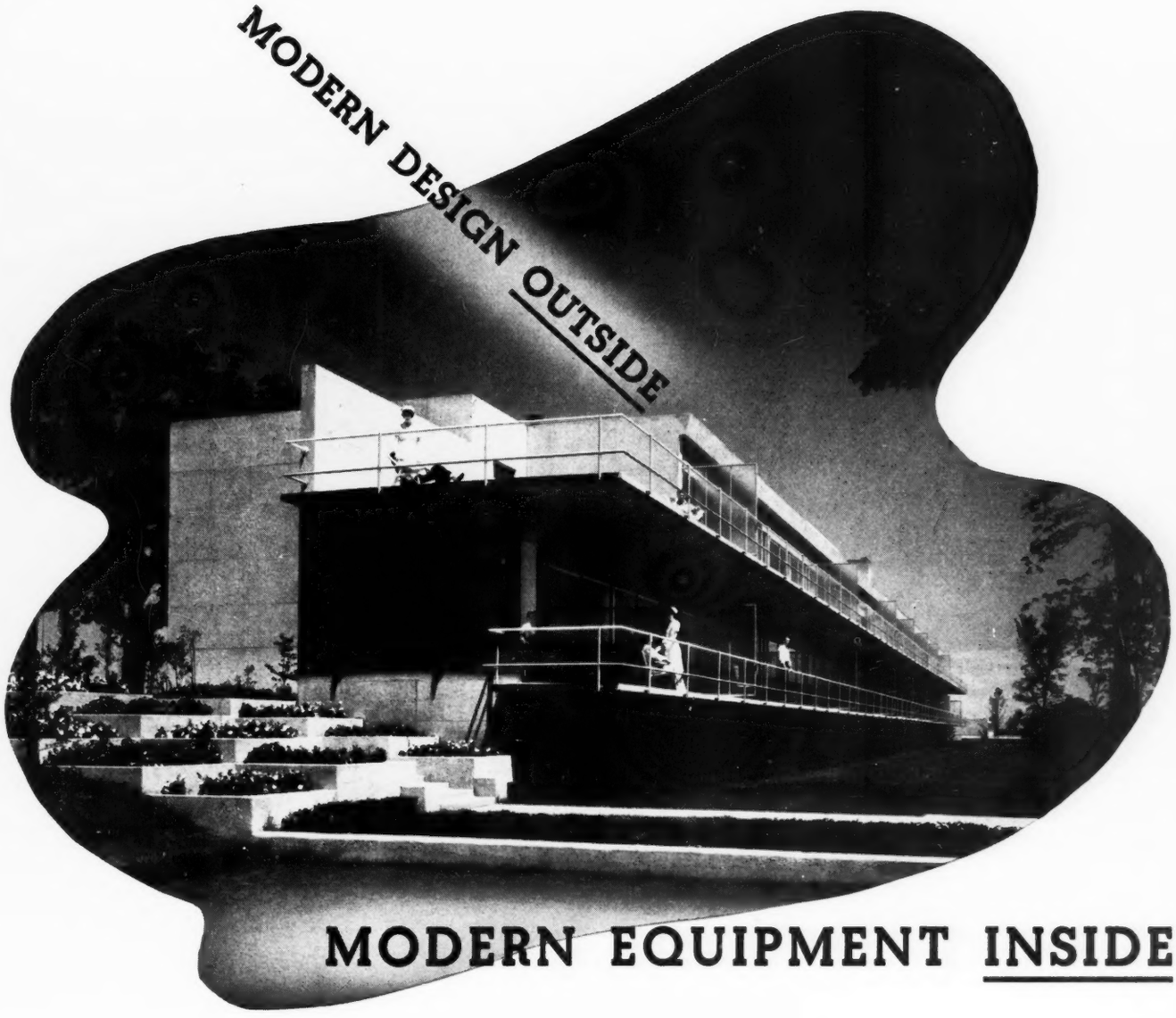
VALVES • FITTINGS • PIPE
PLUMBING • HEATING • PUMPS

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS, PLUMBING AND HEATING CONTRACTORS



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LAKE COUNTY SANATORIUM, WAUKEGAN, ILL. installs Hoffman laundry equipment. Many recent installations . . . in both public and private institutions . . attest the mounting popularity of Hoffman laundry equipment. **CALL HOFFMAN**

FOR A SINGLE MACHINE OR A COMPLETE LAUNDRY!

U. S. HOFFMAN MACHINERY CORPORATION
107 Fourth Ave. • New York, N. Y.

COMPLETE LAUNDRY EQUIPMENT SERVICE FOR THE INSTITUTION

USERS OF BERBECKER NEEDLES

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PENSACOLA, FLA.

A CATHOLIC non-profit general hospital of distinctive architectural beauty and outstanding staff efficiency. Founded in 1915 by the Daughters of Charity of St. Vincent de Paul to make available to the Pensacola territory medicine, surgery and nursing of highest ethical standards.

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MADE IN ENGLAND

BERBECKER NON-CORROSIVE SURGEONS' NEEDLES

SEE HOSPITAL YEARBOOK, PAGES 301 to 308 FOR COMPLETE BERBECKER NEEDLE CATALOG

THE INSIDE STORY OF 4 SMALL ORGANISMS

In saturated steam (Fig. A) organisms are destroyed rapidly. In mixtures of steam and air (Fig. B) thermal death times may be three or four times as great as in saturated steam. In saturated steam, Sterilometer reacts rapidly but with sufficient margin of safety. In mixtures of air and steam, the action of Sterilometer is retarded in approximately the same proportion as they increase thermal death times.

Sterilometer tells the story inside the packs. It does not react until sterilizing conditions which will destroy all pathogenic organisms have been created *inside* the packs.

A Sterilometer in each pack is your safeguard. If you have not used Sterilometer in your surgery, write us at once for samples and proof.

$2.00 PER 100

STERILOMETER LABORATORIES, Inc.
318 N. Central Ave., Glendale, Calif.

STERLING
Thermotrol
(Individual Radiator Controls)

Pay for Themselves

Unless you have INDIVIDUAL ROOM CONTROLS, you can't give some rooms high temperatures without OVER-HEATING other rooms. This means WASTED FUEL!

STERLING THERMOTROLS solve this problem economically. For the temperature in each room can be INDIVIDUALLY controlled with a Thermotrol on each radiator.

Sterling THERMOTROLS . . . Made for Exposed or Concealed Radiators . . . On two-pipe Steam, Vapor, and Vacuum Heating Plants, and one- or two-pipe Hot Water Systems.

Free 60-DAY ROOM TRIAL

TEAR OFF THIS COUPON

I'd like to give THERMOTROLS a 60-day "Room Trial." Send .....THERMOTROLS for .....Exposed .....Concealed Radiators. I understand that these will be charged for 60 days, and can be returned for credit within that time if individual room temperatures are not controlled satisfactorily.

Name.....
Address.....
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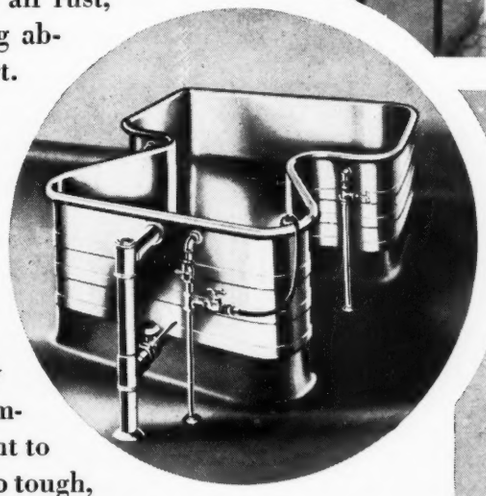
Write for samples : : Sent on request

LOOKING BETTER EVERY DAY . .

Nothing to worry about in the health of these "patients"

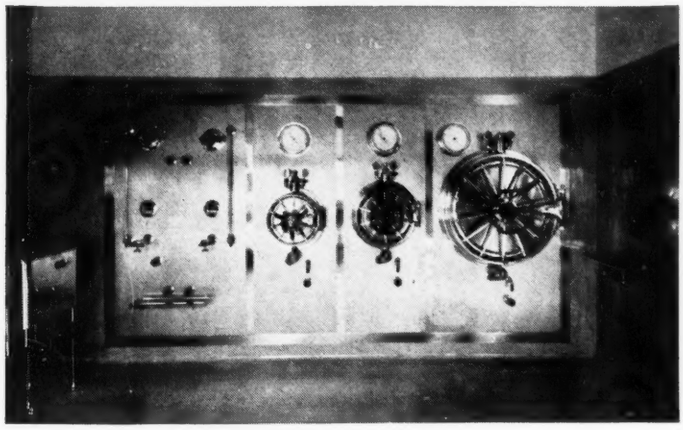
FOOD SERVICE EQUIPMENT OF MONEL

The perfect patient, you'll agree, is one who under nothing more than ordinary treatment constantly improves in appearance. Such is the case with food service equipment made of Monel. Possessing a hard, smooth surface, free of all rust, Monel is easily cleaned, assuring absolute sanitation with little effort.



THERAPEUTIC EQUIPMENT OF MONEL

To many metals, water and corrosive hospital solutions soon bring a sickly look. But *not* to Monel! This silvery alloy is completely and permanently immune to rust, and stoutly resistant to corrosion. Because Monel is also tough, strong, rigid and able to withstand abuse it is widely used for therapeutic equipment such as this leg bath and treatment tank.



STERILIZERS OF MONEL

A good servant but a bad master is live steam. Exercising a benign action in destroying bacteria, it nevertheless leaves ugly scars on metals that *rust.* But Monel does *not* rust. With no coating to chip, crack, peel or wear away, it is a solid rust proof metal clear through. That is why so many hospitals in ordering sterilizers insist on equipment of solid, rustless Monel.

• • •

Equipment made of Monel improves sanitation, gives years of economical service. Write for further information on this silvery, long-life hospital metal. Address:

THE INTERNATIONAL NICKEL COMPANY, INC.
67 Wall Street **New York, N. Y.**

INCO MONEL **MONEL**

"Monel" is a registered trade-mark of The International Nickel Company, Inc., which is applied to a nickel alloy containing approximately two-thirds nickel and one-third copper.

THE *New* VULCAN 50TH ANNIVERSARY *STREAMLINE* GAS COOKING EQUIPMENT...

HANDSOME IN APPEARANCE—NEW HIGH HEATING EFFICIENCY—PAYS FOR ITSELF IN SAVINGS! This smart new "streamline" design will completely modernize your kitchen's looks and cooking facilities. Smooth flush fronts and tops eliminate dust and grease catching cracks and corners. Handsome, durable Vulcadur finish cleans easily, stays bright and new looking. Automatic controls, complete insulation and improved burner design eliminate losses in fuel, food and labor. The savings they make will soon pay for new equipment in your kitchen.

Send the coupon now for full information. Start saving in your kitchen today.

New

New heavy duty top burner. Concentrated flame and improved Radial Fin Top cuts costs 20% or more

New even-heat top with aerated burners. Improved open top and fry top

New improved all-purpose oven

New broilers with improved ceramic burners

New Expando units increase cook top area and give greater flexibility

New deep fat fryers with faster heat recovery

STANDARD GAS EQUIPMENT CORPORATION
18 E. 41st Street, New York, N. Y.
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Standard Gas Equipment Corporation MH-12
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Send me complete information about Vulcan 50th Anniversary Gas Cooking Equipment

NAME

ADDRESS

CITY STATE

NEW *streamlined* efficient...

"TOWN HOUSE"... Gorham's newest silverplate coffee pot especially adapted to hospital use where efficiency plus economy is the by-word. Modern in style... easy to clean, easy to handle, easy to *buy*, for Gorham costs only a little more... gives very *much* more in long-time service.

The spoon pictured in the "SALEM" pattern is an excellent blending flatware.

The gracefully designed handle is one *strong, solid piece*, heavily silverplated for *wear, insulated for certain heat protection.* Well-made of 18% hard nickel silver and silver-soldered throughout. A whole series of hollow-ware has been styled in the same manner.

The Gorham *Company*
HOSPITAL DIVISION

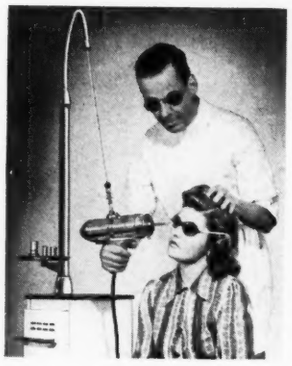
New York	Chicago	San Francisco
6 W. 48th	1226 Merchandise Mart	972 Mission St.

Gorham is silversmith to hospitals everywhere. Over 8,000 pieces of Gorham are in Columbia-Presbyterian Medical Center. Write for our hospital catalogue.

HANOVIA

GROUP SOLARIUM LAMPS

Specially designed, highly efficient Group Lamps supply an intense source of therapeutic ultraviolet energy of the desired quality and of sufficient intensity within an area of 382 square feet to irradiate beneficially twenty patients at one time. These lamps cast no shadows, require no expensive ventilating equipment. They administer general ultraviolet irradiation at lowest cost — because of savings in current consumption and treatment of many patients at one time with only one competent attendant.



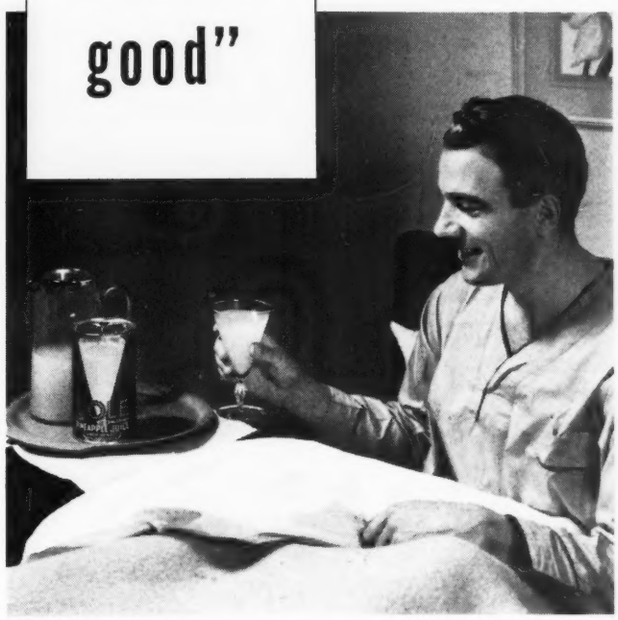
The NEW
HANOVIA AERO-KROMAYER LAMP

This entirely new, Aero-Kromayer Lamp is especially designed for local application of ultraviolet irradiation. Employing a new principle of aero-dynamics thereby doing away with the old water cooling system, it contains many features and advantages which should prove a definite aid to every hospital. It is attractive, impressive and above all, efficient. Write for detailed information about this wonderful, new Aero-Kromayer.

HANOVIA
Chemical & Manufacturing Co.
Dept. 315-L Newark, N. J.

World's largest manufacturers of ultraviolet equipment for the profession.

"This certainly tastes good"



Cold sufferers find it easier to take the desirable quantity of liquids when Dole Pineapple Juice is within easy reach. It's so pleasantly refreshing and never tires the taste. Dole Pineapple Juice is pure and unsweetened, and has an alkaline reaction in the body. It is a good source of vitamins B and C, contains vitamin A, and is high in quickly-available food energy.

Only fine, healthy pineapple plants can produce fruit of the quality and flavor of Dole pineapples. Each plant selected is carefully set out by hand and is planted through mulch paper, which keeps soil warm and moist and free of weeds. Consistently fine Dole pineapples, yielding juice of exceptional flavor, make this and other painstaking Dole methods well worth-while.

DOLE pineapple juice from Hawaii

McCray

1890 1940

Golden Anniversary

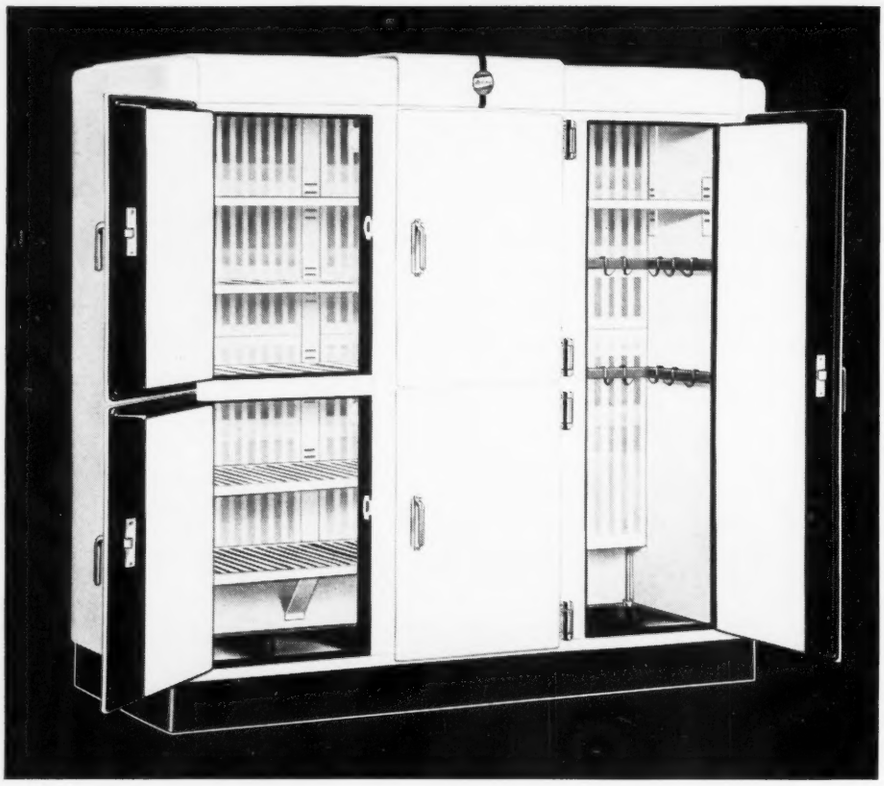
REFRIGERATORS

★

McCRAY MODEL
RJ-660-S REFRIGERATOR

Gleaming white porcelain interior and exterior with black trim and base, set the modern keynote in this McCray Model RJ-660-S; a popular style for hospitals and institutions. Note special compartment for meats. Thorough insulation and staunch in-built quality insure efficient, low-cost refrigeration.

★

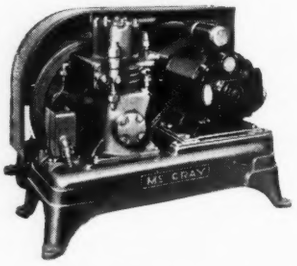


● Experience does count! The fifty years of "knowing how," back of the Golden Anniversary Models by McCray are important to all users of commercial refrigeration.

Embodied in this complete new line are advanced engineering features and in-built quality which assure efficient refrigeration at low cost of operation.

Right now is the time to check your refrigerator equipment. Quit feeding dollars to greedy old refrigerators—replace with modern, cost-saving McCrays, reduce power bills and spoilage losses. For hospitals there are McCray models to meet all requirements, in the general kitchen, diet kitchens, laboratories, mortuary. Ask the McCray man or write the factory for complete information about models to meet your needs.

McCRAY REFRIGERATOR COMPANY
66 McCray Court, Kendallville, Indiana
Salesrooms in All Principal Cities. See Telephone Directory.



BALANCED Refrigeration by McCray, with cabinet, coils and compressor engineered for use together, means more efficiency, lower costs. McCray compressors are built in sizes to meet all requirements and factory engineers specify the correct model to cool each McCray cabinet.

FIFTY YEARS OF PROGRESS IN COMMERCIAL REFRIGERATION

"Cavalite"* distributors make it EASY for you to get the best hospital sheeting on the market!

Atlanta, Ga.
Estes Surgical Supply Co.
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Murray-Baumgartner Surg. Instrument Co.
Birmingham, Ala.
McKesson & Robbins, Inc.
Boston, Mass.
Crowley & Gardner
Boston, Mass.
Surgeons & Physicians Supply Co.
Brooklyn, N. Y.
Ross Royal Co., Inc.
Buffalo, N. Y.
Jeffrey-Fell Company
Charlotte, N. C.
Winchester Surgical Supply Co.
Chattanooga, Tenn.
Chattanooga Surgical Co.
Chicago, Ill.
Debs Hospital Supplies
Chicago, Ill.
Mills Hospital Supply Co.
Cincinnati, Ohio
Crocker-Fels Company
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Pendleton & Arto, Inc.
Los Angeles, Calif.
Western Surgical Supply Co.
Memphis, Tenn.
Kay Surgical, Inc.
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E. L. Mercere, Inc.
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Seattle, Wash.
Shipman Surgical Co.
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NO MATTER where your hospital is located, you can be sure it's only a short distance from one of the many distributors who sell "Cavalite" hospital sheeting. This assures you of rapid, dependable service on a moment's notice.

"Cavalite"—the result of years of Du Pont Research—gives you a better, longer-lasting sheet for your money . . . helps reduce your yearly cost-per-bed expenses. "Cavalite" is soft and light weight, yet amazingly tough and durable. It resists cracking, tearing and abrasion. You can sterilize it time after time without hurting it. Laboratory tests prove that "Cavalite" stands up where heavier materials fail!

This superior hospital sheeting fits the mattress like a glove. It's waterproof, too, and resists blood, perspiration, and urine! "Cavalite" is made in several weights to fit particular requirements on silk, rayon, and cotton nainsook fabrics . . . each assures you of quality performance and long life in service. The authorized "Cavalite" distributor nearest you will be glad to send samples and complete information.

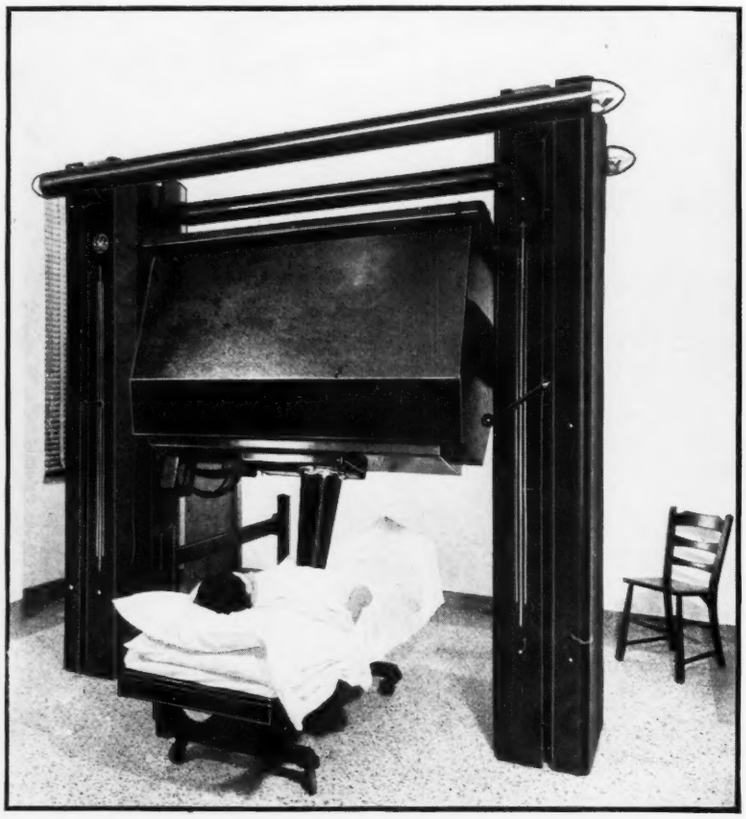
CAVALITE
TRADE MARK

E. I. DU PONT DE NEMOURS & CO. (INC.)
"FABRIKOID" DIV. DU PONT REG. U.S. PAT. OFF. FAIRFIELD, CONN.

• • •

Be Sure to Tune in Cavalcade of America N.B.C. Red Networks every Wednesday evening.

**"Cavalite" is Du Pont's trademark for its rubberized lightweight hospital sheeting.*



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SHOULD you seek to determine for yourself the efficiency, practicability, and economy of operation of the G-E 400-Kv. Maximar therapy unit, could you hope to find a source of information more reliable than the records of performance kept by its users?

Actually, such records have been maintained on all Maximar "400"s since the first installation over two years ago. And it is these records which have proved, so conclusively, the feasibility of employing a self-rectifying tube in a 400-Kv. generator. Total hours of satisfactory operation and tube life—these are the all-important statistics which ultimately determine whether equipment design is scientifically correct.

In addition to this assurance of reliability, consider the Maximar "400"s unusual compactness, which makes it so easy to accommodate and economical to install; its practical design, remarkable flexibility and convenience of application; its positive, simplified system of controls which insure accuracy in x-ray dosage.

If you are to share responsibility in the selection of equipment for x-ray therapy, why not ask us to present facts to prove that G-E equipment is a logical selection, a safe investment, and a source of added prestige.

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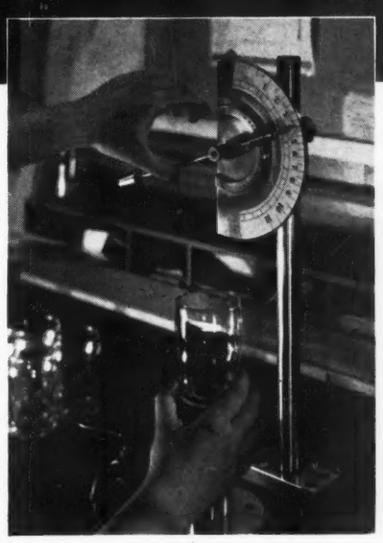

Sample glasses from every run undergo the Safedge test shown here. A steel hammer strikes with hard impact on the inside of the rim — the critical point in all glasses.

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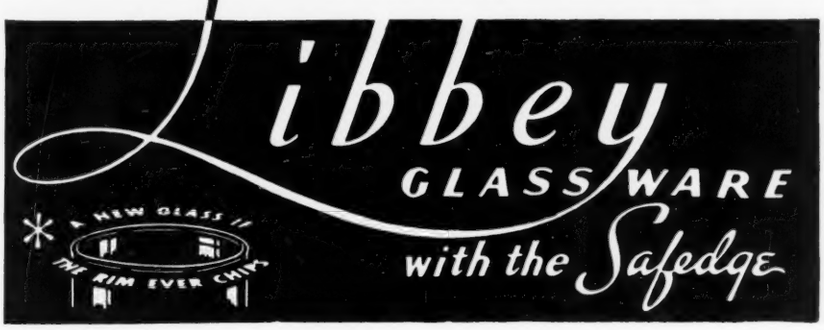
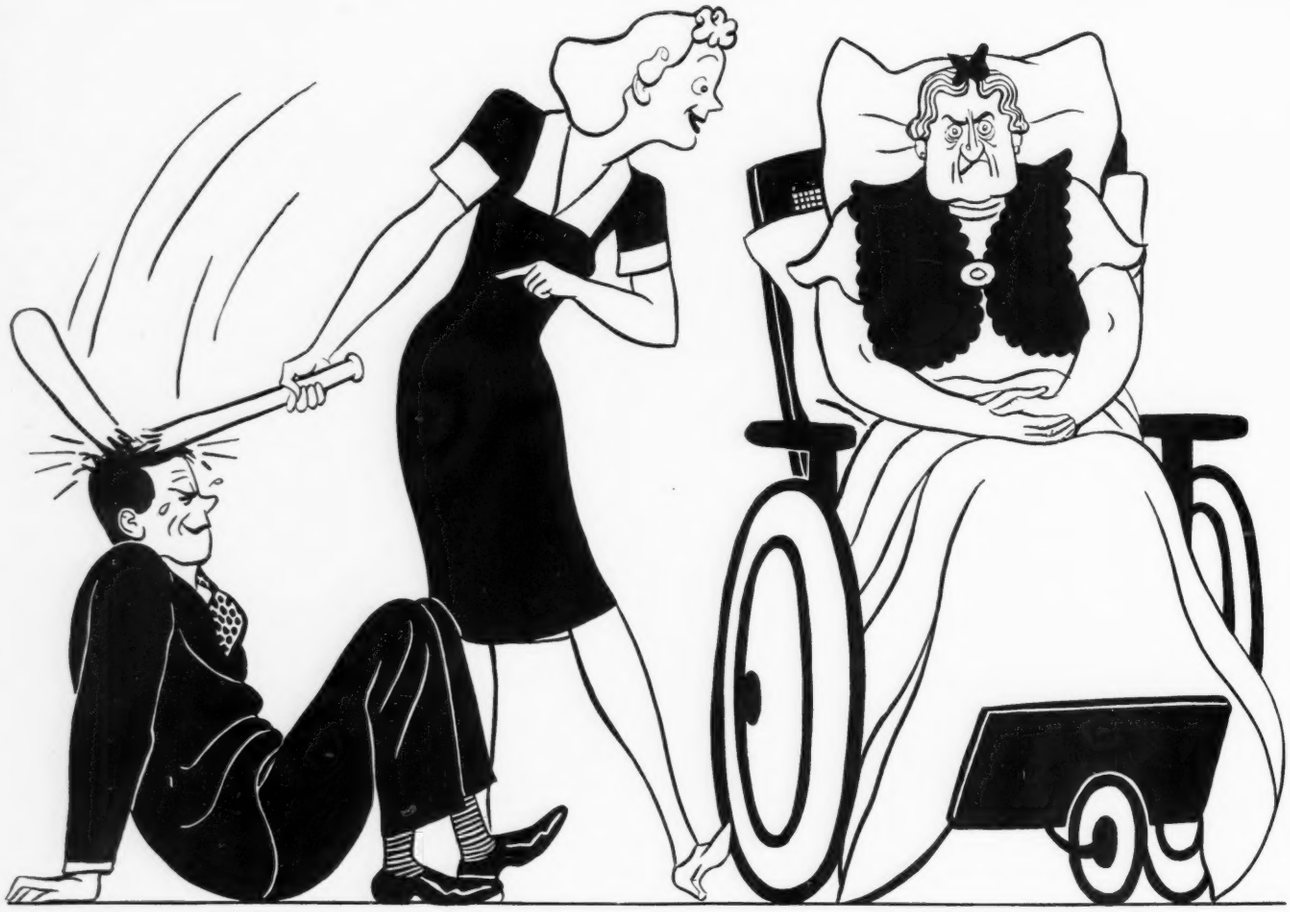
For the patient it offers the beauty of sparkling, *thin* glass and heavy sham bottom that is easy to hold and different looking.

For you it is rounded inside for easier stirring—positive cleansing. Pre-tested for resistance to thermal and mechanical shock, it is further protected by the genuine Libbey Safedge—6 times stronger than sidewalls—saving loss from chipping.

To examine this tumbler without cost or obligation, call your dealer or write us direct. Libbey Glass Company, Toledo, Ohio. Branches in New York, Chicago, Detroit, Atlanta, Dallas, San Francisco, Toronto.





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This may sound strange to you.

For, no doubt, you've tried to meet this ticklish problem. You may even have tried to find the answer in *Quick-Frozen* foods. But, DON'T FORGET . . .

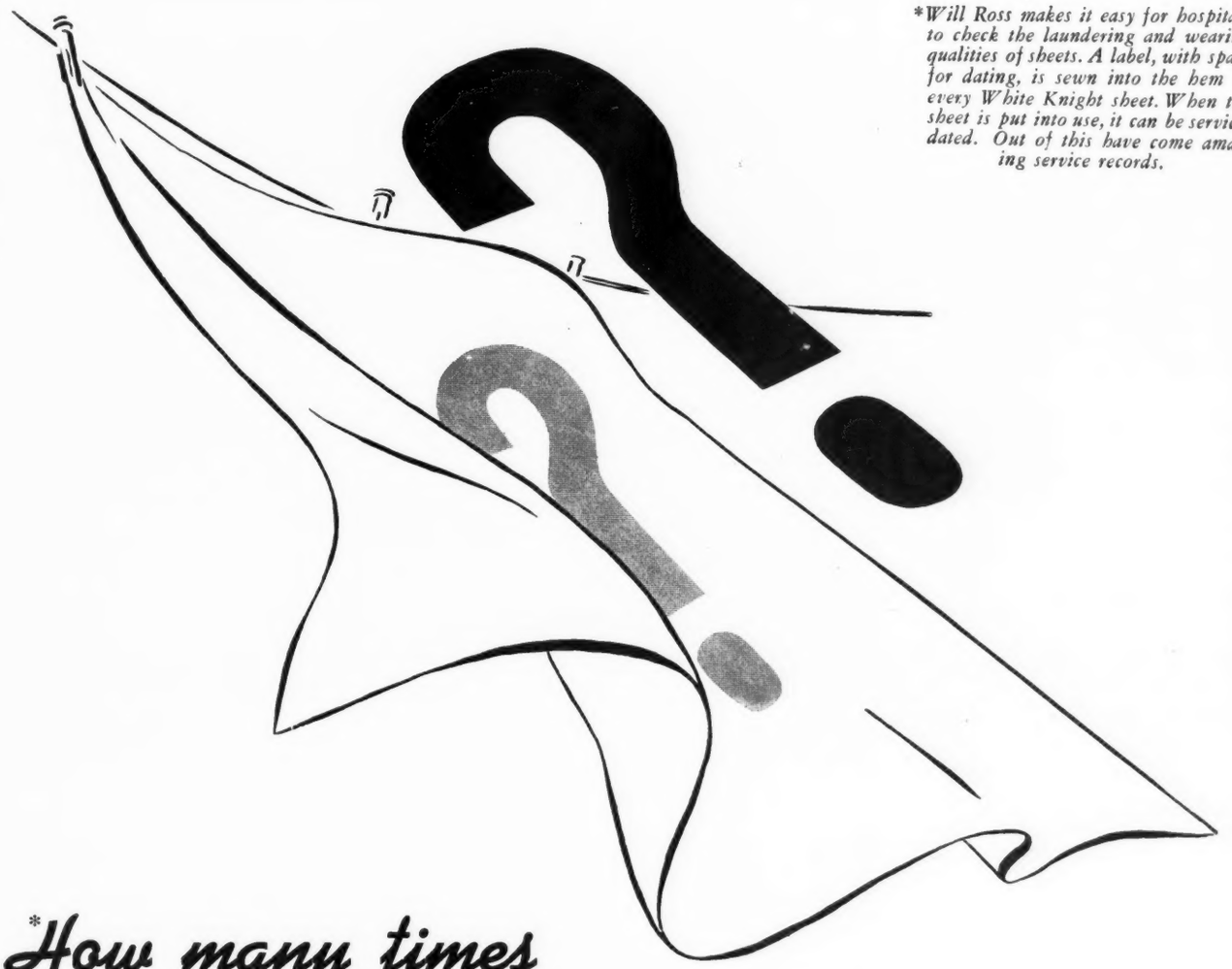
There are many **Quick-Frozen** brands . . . some good, some not so good! And, **the** only way you can be sure you're getting the unbeatable best is to use the brand more hospitals depend on than any other...BIRDS EYE!

Here's why:

You see, *Quick-Freezing* itself cannot insure superfresh, delicious vegetables and fruits . . . foods you can count on day after day.

It takes choice seeds . . . carefully cross-bred by Birds Eye experts who *know* their vegetables. It takes soil and climate . . . yes, special acreage suited particularly for growing certain kinds of vegetables and fruits. It takes minute supervision all along the line . . . from the time the seeds are sown, until the harvest is at hand!

Yes, it takes *all* these things to produce the finer, more healthful Birds Eye vegetables and fruits! And, when it comes to *Quick-Freezing* . . . remember, Birds Eye does it *only a few hours after picking!* All this extra-goodness is *sealed in* completely for you!



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If your hospital is contemplating or actually using a blood bank or the system of serum and plasma collection, as is described in the recent literature, have our representative call to show you the many efficient short cuts that can be made using the Filtrair equipment.

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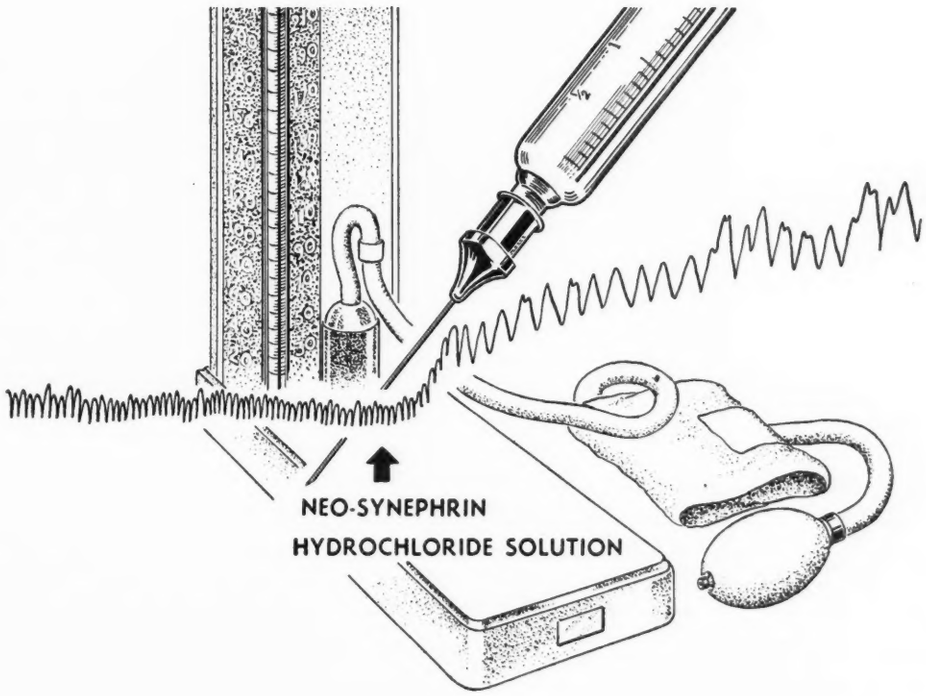

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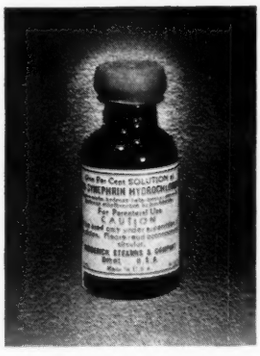

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News in Review

Hospital Care Plans Adopt Proposal to Form New Class of A.H.A. Membership

A proposal to bring the hospital service plans within the framework of the American Hospital Association through the formation of a new class of active institutional members and through the election by the plans of a new hospital service plan commission was developed and approved without dissenting vote by representatives of the plans at a meeting in Chicago on November 9 and 10.

The new class of institutional members (to be called type 4) will include only approved plans, which, it is proposed, will be given the same rights and privileges as other active institutional members and, in addition, will be entitled to vote on a geographic basis for election of the new hospital service plan commission. In the election of the commission, the plans will have from one to ten votes depending upon their size. The election will take place at the time of the annual convention of the A.H.A. and any active member of the association is eligible for election.

The hospital service plans which become A.H.A. members will pay $10 dues to the A.H.A., plus assessments, into a special fund of not less than one mill per subscriber-contract per month with a minimum of $10 and a maximum of $500 per month. It is also to be recommended to the A.H.A. trustees that the plans have some representation in the house of delegates.

According to the proposal the hospital service plan commission will have the following duties: to select administrative personnel for the central office of hospital service plans; to receive, manage and disburse funds received from the assessments against the plans, and to formulate policies "consistent with the standards established by the A.H.A."

Other activities of the new commission would include: advice and suggestions to the trustees of the A.H.A. regarding the approval program; research and statistical activities; consultation and information service for the benefit of new and existing plans; public education; coordination and reciprocity among plans, and planning of programs for one or more sessions on hospital service plan problems at the annual meeting of the A.H.A.

The commission would elect its own officers consisting of a chairman, a vice-chairman and a secretary-treasurer, all of whom would serve without pay.

It is proposed that the present council on hospital service be discontinued as soon as the present plan takes effect and that the chairman of the hospital service plan commission be a member of the coordinating committee of the A.H.A.

In the meantime, it is suggested that an interim commission be nominated by the plans and appointed by the A.H.A. trustees. This commission would carry on the work until the present plan is submitted to the house of delegates and the assembly of the A.H.A. for final approval. The present commission on hospital service, headed by Dr. Basil C. MacLean, has already asked that it be dissolved when its funds are exhausted, which will be around October 1941.

Emch, Hawkins Address Oklahoma Hospital Meeting

Dr. L. E. Emanuel of Cottage Hospital, Chickasha, Okla., was elected president of the Oklahoma Hospital Association at a well-attended meeting in Oklahoma City on November 14 and 15. This is Doctor Emanuel's second term as president of the association.

The preparedness survey being made by the A.H.A. will determine just what facilities hospitals now have and how many surgeons, physicians, technicians, dietitians and other personnel can be spared without endangering the health care of the civilian population, Arnold F. Emch, assistant secretary of the A.H.A., told the assembled delegates.

He warned the hospitals that they must maintain adequate personnel, facilities and supplies, as well as adequate income during the months ahead.

About 125 persons were in attendance at the meetings. Don C. Hawkins of Chicago outlined the general insurance problems of hospitals, pointing out that court decisions have cut down on the exemptions formerly granted to nonprofit institutions.

Start New Wing at St. Raphael

Plans are nearly completed on the new wing of the Hospital of St. Raphael, New Haven, Conn., and construction will start at once. This new unit will bring the bed capacity of the new hospital up to approximately 400. Louis A. Walsh of Waterbury, Conn., is the architect with Charles F. Neergaard of New York City serving as consultant.

"No Socialized Medicine," Roosevelt Declares at Dedication Ceremonies

In dedicating the new buildings at the National Institute of Health at Bethesda, Md., on October 31, President Roosevelt declared himself against "socialized medicine." He said:

"Neither the American people nor their government intend to socialize medical practice any more than they plan to socialize industry. In American life the family doctor, the general practitioner, performs a service that we rely upon and trust. No one has a greater appreciation than I of the skill and self-sacrifice of the medical profession. And there can be no substitute for the personal relationship between doctor and patient which is a characteristic and a source of strength of medical practice in our land."

In commenting upon this statement, Dr. S. S. Goldwater, president, Associated Hospital Service of New York, called it a reassurance to physicians and laymen who feared compulsory health insurance and a warning to labor leaders who opposed cooperative nonprofit hospitalization plans. He urged labor leaders to work now to promote nonprofit prepayment plans. Socialized medicine, he said, is "staggering in cost, difficult to administer and doubtful as to the kind of service it would provide."

Doctor Goldwater also announced the probable extension soon of the service's plan to benefit lower income groups. "It is our hope in the near future," he said, "to modify and extend our plan so that we may be able to provide protection to wage earners who find even the present modest subscription charge of three cents a day beyond their ability to pay."

Contracts Let for New Unit of Englewood Hospital, Chicago

The board of trustees of Englewood Hospital, Chicago, has awarded contracts for the building of a new five story structure that will be attached to the main hospital building. The wing will be of brick to match the present architecture and will provide a new entrance. The three upper floors will be devoted to 40 rooms, each of which will have an adjoining bath. The remaining floors will house the laboratory, physical therapy and maternity departments and the administrative office, waiting rooms and lobby.

The total cost of the project, including building and furnishing the new wing and remodeling the old building, will be $215,000. Puckey and Jenkins of Chicago are the architects.

Sleep and rest are important measures of therapy. The hospital provides comfortable beds and silence at night to promote undisturbed sleep. But if sleep does not come—physicians have for years relied on Medinal to open the portal to the Land of Nod.

Medinal is the Schering & Glatz brand of soluble barbital. It is available in tablets and powder, both forms suitable for oral, hypodermic or rectal use. That means that you need but one stock of this efficient hypnotic and sedative. The Hospital Package of 500 tablets is priced at $6.50. For palatable liquid medication, Elixir Medinal costs but $9.00 a gallon to hospitals. Orders must be sent to us direct . . . These special low prices permit no discount to distributors.

Medinal

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Today, that is past history! Now you can buy Car-Na-Var and Car-Na-Lac . . . and not pay a single penny more than for the wax you are now using . . . *no matter what the price.* In fact, so "sold" are we on the super performance of our own products, we are prepared to back up this statement with *a written guarantee.*

Here is your opportunity to enjoy all the advantages of the finest floor treatments in the world without paying a premium for extra quality. Through a unique new COST EQUALIZATION PLAN. Car-Na-Var and Car-Na-Lac's greater durability, richer luster, resistance to water and ease of application will cost you no more than the wax now on your floors . . . regardless of price.

More than that, (based upon actual experience in hundreds of buildings, hospitals, schools, etc. in all parts of the country) we will go so far as to say that we will reduce substantially your net floor maintenance costs and save money for you in material, time and labor costs besides.

Ask our representative to tell you more about this new GUARANTEED COST EQUALIZATION PLAN the next time he calls . . . or if you want further information immediately, drop us a line. There is no obligation.

CONTINENTAL CAR-NA-VAR CORP.
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Names in the News

Administrators

GLADYS BRANDT, R.N., who has been superintendent of Cass County Hospital, Logansport, Ind., since 1926, has resigned that position to assume the superintendency of Children's Free Hospital, Louisville, Ky. She will take over her new duties on January 1; LUCILLE JAKES has been appointed to succeed her. Miss Brandt was head of Munising Hospital, Munising, Mich., for four years prior to her association with Cass County Hospital. She is a member of the editorial board of The MODERN HOSPITAL and a member of the American College of Hospital Administrators.

DR. LUCIUS R. WILSON, superintendent of John Sealy Hospital, Galveston, Tex., for the last twelve years, has submitted his resignation from that institution to take effect January 1. He has accepted the position of superintendent of the Hospital for the Protestant Episcopal Church, Philadelphia. Doctor Wilson was named president-elect of the American College of Hospital Administrators at the Boston convention in September. He served as the first president of the Texas State Hospital Association when it was organized in 1930.

JOHN RANSOM, assistant director of Johns Hopkins Hospital, Baltimore, has resigned that position to become executive secretary of the Hospital Council of Greater New York, New York City.

ROLAND A. SCOTT, assistant to the administrator at Grant Hospital, Chicago, resigned on November 15 to accept the position of assistant administrator of Evangelical Hospital, Chicago.

H. DALTON CRAVEN is the new administrator of Alpena General Hospital, Alpena, Mich., succeeding L. M. TEFFEAU.

DR. ARTHUR H. PERKINS, formerly superintendent of Norfolk General Hospital, Norfolk, Va., has been named head of Riverside Hospital, Newport News, Va.

LEWIS H. PUTNAM has resigned from the post of administrator of Staten Island Hospital, Tompkinsville, Staten Island, N. Y., to assume executive duties at the Overlook Hospital, Summit, N. J. He succeeds DR. THOMAS HOWELL.

RUDY BULL has been named to succeed HARRIET J. BLANCH as head of Aroostook Hospital, Houlton, Me. Miss Bull is a graduate of New England Deaconess Hospital, Boston.

HERBERT M. MORFORD, superintendent of Prospect Heights Hospital, Brooklyn, N. Y., will assume the duties of superintendent of Litchfield County Hospital, Winsted, Conn., on December 1.

DR. CHARLES H. YOUNG, for many years director of Mountainside Hospital, Montclair, N. J., has been appointed administrator of the Jefferson Hospital, Birmingham, Ala. DR. HERBERT M. WORTMAN, assistant director at Mountainside, is acting director pending the appointment of a permanent director.

BERGER E. FOSS has been appointed superintendent of the Knickerbocker Hospital, New York City. Mr. Foss was formerly assistant superintendent of Norwegian Hospital, Brooklyn, N. Y.

CHARLES E. VADAKIN has been named superintendent of Fairmont General Hospital, Fairmont, W. Va., to succeed MARIE ROBERTSON. Mr. VADAKIN was formerly director of Doctors' Hospital, Washington, D. C.

Department Heads

MILDRED RICHARDSON, R.N., has been appointed director of the school of nursing, Bridgeport Hospital, Bridgeport, Conn., to succeed MRS. ETHEL PALMER CLARKE. Miss Richardson was at one time assistant superintendent of Fairview Hospital, Great Barrington, Mass. Since 1932 she has served as assistant to Mrs. Clarke.

Deaths

DR. WALTER E. LIST, head of Jewish Hospital, Cincinnati, died on October 26 of a heart ailment from which he had suffered for several months. Doctor List had been administrator of Jewish Hospital since 1930. Prior to that he had served for six years as assistant administrator of Cincinnati General Hospital and for eleven years as superintendent of Minneapolis General Hospital. He was on the board of regents of the American College of Hospital Administrators and was a trustee of the American Hospital Association.

MOTHER TABITHA, superior and administrator at St. Mary's Hospital, Quincy, Ill., passed away at the hospital on November 3. Mother Tabitha had been twice superior of St. Mary's Hospital for a total of thirteen years.

DR. ERNEST H. MCDEDE, medical director of West Hudson Hospital, Kearny, N. J., died on November 3 of a heart ailment. Doctor McDede became medical director of the hospital two years ago after serving as head of the medical staff for twelve years.

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Women like Cashmere Bouquet's rich, creamy lather and delicate lingering perfume. It leaves them feeling refreshed and dainty long after bathing. An extra advantage—Cashmere Bouquet is hard-milled . . . gives more washes per cake.

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Palmolive, Cashmere Bouquet and Colgate's Floating satisfy every hospital standard. And because of the volume in which they are produced, these famous soaps are low in price to fit your budget. Ask your C.P.P. man for prices on the sizes you need. Or, if you prefer, write to us direct.

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Name Hospital Subcommittee; Recommend Tuberculosis Examination for Draftees

A hospital subcommittee of the health and medical committee of the Council of National Defense has been appointed by Dr. Irvin Abell, chairman of the health and medical committee. Other subcommittees on medical education, industrial medicine, industry, nursing and Negro health were announced at the same time. The subcommittee on hospitals is headed by Dr. Winford H. Smith, director, Johns Hopkins Hospital.

There is considerable overlapping between the membership of this committee and the membership of the A.H.A. committee on hospital preparedness. The two will doubtless coordinate their efforts closely.

C. A. Dykstra, director of selective service, last month sounded a note of caution to employers and workers about becoming unduly anxious about occupational deferment of employes.

He emphasized that occupational deferments rest with the local boards and that married employes will have their dependency status determined before any consideration is given to occupational deferment. He suggested that all requests for occupational deferments of registrants employed in key jobs be postponed until such registrants have received questionnaires from the local boards. Each employer will have five days after the questionnaire is mailed in which to file a deferment request.

As regards medical and dental students, interns and residents, bills are now before both the Senate and the House to exempt them from service but not from registration. This bill, which in the senate is known as S.4396, has been endorsed by the A.H.A. trustees.

Nine officers of the U. S. Public Health Service have been assigned to special medical duties with military camps, Surgeon General Parran announced last month. Environmental sanitation with emphasis on the control of communicable disease, will be the chief responsibility of these officials, who will be concerned with the areas surrounding the camps as well as with the camps themselves.

Special emphasis on the detection of tuberculosis in the men selected under the draft was stressed at a meeting in Albany on October 4. This is desirable to exclude men who are unfit for military training, to protect those selected from contracting tuberculosis, to protect the federal government against possible future claims for compensation for tuberculosis and for the advancement of the public health by discovery of hitherto undiagnosed cases and provision for their care and treatment.

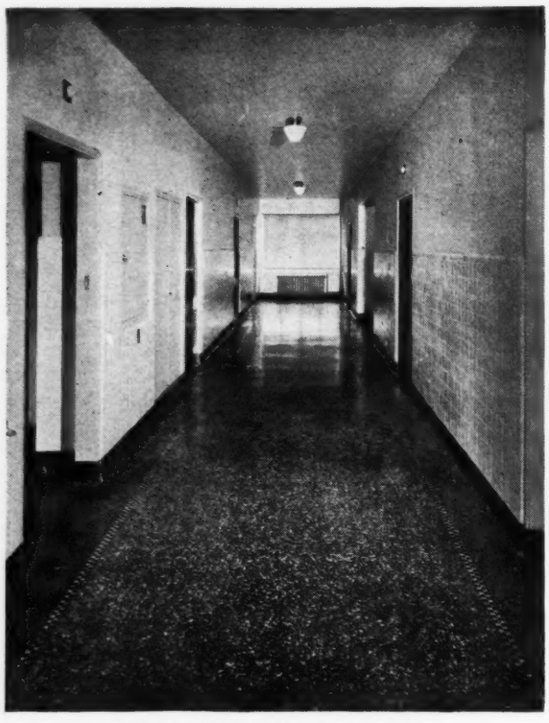
M. H. Rees Is President-Elect of Colorado Hospital Group

More than 175 persons representing 23 hospitals attended the sixteenth annual meeting of the Colorado Hospital Association held in Denver on November 13. Frank J. Walter of St. Luke's Hospital, Denver, was installed as president of the association.

Other officers elected were: president-elect: Dr. Maurice H. Rees, University of Colorado School of Medicine and Hospitals, Denver; vice president: Sister Alphonse Liguori, St. Mary's Hospital, Pueblo; treasurer: Hubert W. Hughes, St. Anthony's Hospital, Denver; executive secretary: Dr. B. B. Jaffa, Denver General Hospital, and editor: John F. Latchan, University of Colorado School of Medicine and Hospitals, Denver.

Out-of-state speakers on the program were Dr. Robin C. Buerki of Madison, Wis., and Arnold F. Emch, assistant secretary, American Hospital Association, Chicago.

ON 24-HOUR DUTY



Corridor, De Paul Hospital, St. Louis.
Architect, O'Meara & Hills, St. Louis

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Thousands of institutions have found TERRAZZO ideal for use on floors, wall surfaces, wainscot, border and base in hallways, stairway, reception rooms, wards, private rooms, operating rooms and cafeterias. TERRAZZO can be as beautiful as you want it... color and design possibilities are unlimited. And it is always practical. First cost is low and upkeep amounts to almost nothing. See your local TERRAZZO contractor for complete information, or write National Terrazzo & Mosaic Association, 1420 New York Avenue, N. W., Washington, D. C.

***5 Reasons for Using Terrazzo**

1. ECONOMY. Initial cost *plus* no repairs . . . no replacement . . . minimum upkeep over a period of years, for Terrazzo equals—usually is less than—initial cost *plus* repairs . . . and replacements . . . and higher upkeep for other types of floors.

2. COMFORT. Finished Terrazzo is *easy to walk on.* It is less slippery than any waxed surface. Furthermore, Terrazzo can save you enough money to acousticate your ceiling, thus giving you a very low noise level.

3. CLEANLINESS. Terrazzo can be sealed so as to be practically non-absorbent. Its smooth, jointless surface *cleans easily*... can harbor no accumulation of macroscopic or microscopic germs. It is aseptic.

4. COLOR AND DESIGN. Terrazzo has warmth and beauty. You may specify *any design* you wish—pictorial or geometric—in virtually *any combination of colors.*

5. DEPENDABLE INSTALLATION. This Association's objective is to see that your Terrazzo installations *turn out exactly as you want them.* Write us today for complete information on the above points or see our advertisement in Sweet's Catalog for basic technical data.

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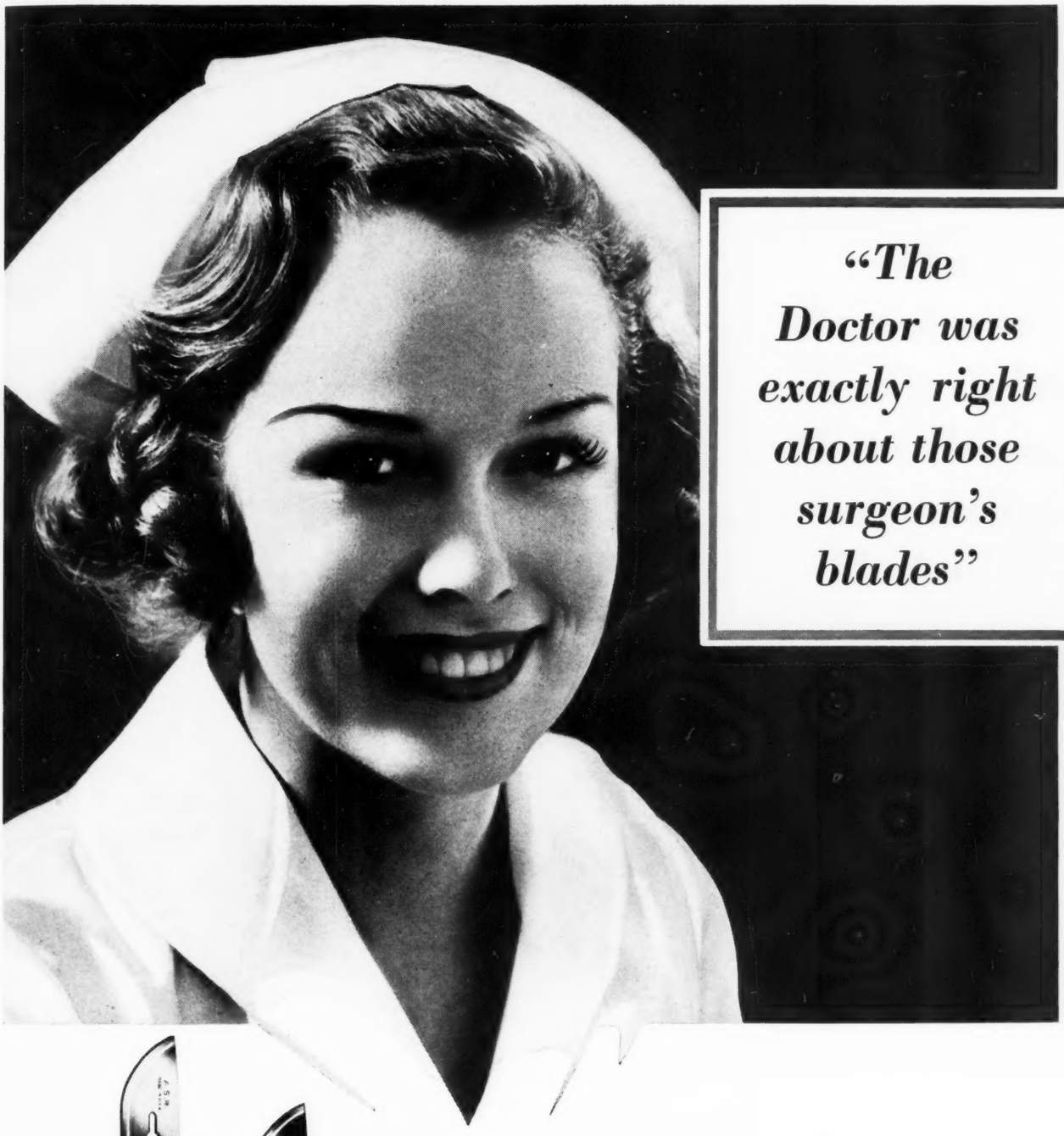
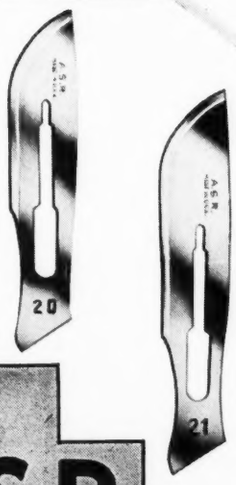


"The Doctor was exactly right about those surgeon's blades"



I thought all surgeon's blades were alike until he explained how A. S. R. Surgeon's Blades were developed. Surgical authorities were consulted for months before these blades were perfected. Then special machinery was invented to produce uniform edges. The doctor says that when he can trust his blade he operates better and with more confidence. That's why he likes A. S. R. Surgeon's Blades.

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SURGEON'S BLADES
and Handles

Pay Cafeteria for Nurses Described at Meeting of Kansas Hospital Group

A pay cafeteria for nurses is one of the interesting new developments in food service that was recommended to the Kansas State Hospital Association at its meeting in Salina on November 8 and 9.

Ella Jane Meiller, chairman of the committee on dietetic training at Kansas State College, Manhattan, pointed out that such cafeterias enable a hospital to reduce the cost of raw food and give greater satisfaction to nurses. The increased cost of labor makes the cost factor just about equal to table service, but the increased good will of the nurses is a factor of immeasurable importance.

To make the plan work each nurse is given a book of food tickets at the beginning of the month and uses these to pay for her meals. Thus, if she misses some meals she can eat more plentifully thereafter. There usually is no refund for unused tickets at the end of the month, but tickets can be used for the nurses' guests.

A 50 to 75 bed hospital that trains student nurses should have a full-time dietitian to teach and to administer the food department, Miss Meiller stated.

John R. Stone, business manager of the Menninger Clinic, Topeka, was elected president of the association. Other officers are: first vice president: Sister Mary Ann, Wichita Hospital, Wichita; second vice president: Mrs. Elizabeth Woolson, Axtell Christian Hospital, Newton; secretary-treasurer: Dorothy McMasters, William Newton Memorial Hospital, Winfield.

It was decided to hold the next meeting of the association in Topeka on November 12 and 13, 1941.

Three Eastern Hospitals Successfully Complete Financial Campaigns

Successful fund raising campaigns have recently been completed by three hospitals. A. M. Lopez, superintendent of Warren General Hospital, Warren, Pa., announced that the hospital has raised $50,019.36. This fund is to augment the budget and to provide for new equipment. The campaign was conducted in the city of Warren and in 14 communities near by.

A community-wide appeal brought $200,172 to Mount Sinai Hospital, Hartford, Conn. The hospital is in need of a new building to replace the existing structure, which was originally a private residence and has housed the institution since its founding 17 years ago. Plans have been formulated by the board of trustees to acquire a modern building that was formerly used by the Hebrew Women's Home for Children. The building, a three story edifice, will be augmented by a new wing that will bring the bed capacity of the hospital up to more than 100 beds.

Chestnut Hill Hospital, Philadelphia, concluded a campaign for $100,000 on November 1 with an oversubscription of $21,000. The appeal was the first one to be made by the hospital in twenty years. The funds raised will be used to pay off a debt of $60,000, to modernize departments, to repave driveways and to relocate the sewage disposal system.

The campaigns for Warren General and Mount Sinai hospitals were conducted by Ketchum, Inc., of Pittsburgh. Ward, Wells and Dreshman, New York City, directed the appeal for Chestnut Hill Hospital.

Associations Move to 1790 Broadway

The national nursing organizations, the National Society for the Prevention of Blindness, the Committee on Research in Medical Economics and all the organizations grouped under the National Health Council have recently moved their headquarters to 1790 Broadway, New York City.

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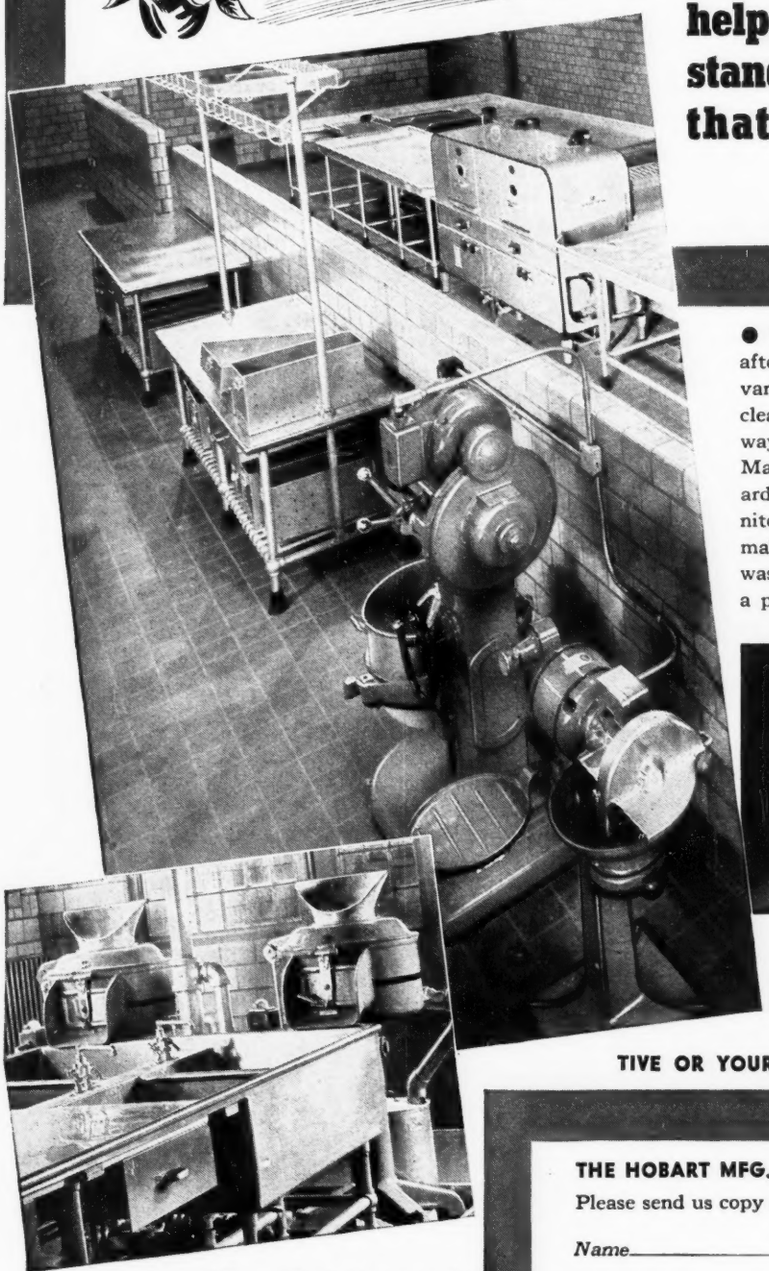
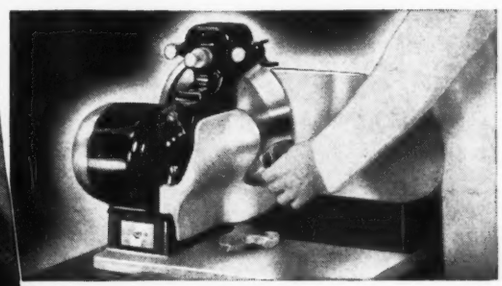


● What impression of hospital care will linger—after the patient goes home? Tempting, delicious, varied meals attractively served, with sparkling clean china, glass and silverware—these go a great way toward assuring public *good will*. Hobart Food Machines make it easy to attain the highest standards of food quality, variety and sanitization. Definite savings—in time, labor, and food material—make complete equipment of Hobart Mixers, Dishwashers, Food Cutters, Potato Peelers and Slicers a practical investment for any hospital's kitchens.



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Illinois Nurses Pledge Assistance to Red Cross at Meeting in Chicago

The Illinois State Nurses' Association at its thirty-ninth annual meeting in Chicago pledged the cooperation of its 11,179 members to the American Red Cross in meeting the requirements of the national defense program and in any military or civilian emergency that may arise. More than 1900 nurses attended the convention, which was the largest in the association's history.

Lenore Tobins, R.N., president, reported a total paid-up membership of 11,179 graduate registered nurses and summarized the numerous activities carried on by the association. In her address to the delegates Miss Tobins warned that, although there is now a shortage of graduate registered nurses, educational standards must not be lowered. There is a place in hospitals and in homes for subsidiary workers for nonnursing tasks in illness but ways should be found to provide professional nursing care to all who need it, Miss Tobins stated.

An immediate increase in enrollments in the Red Cross' first reserve is imperative in order to provide the quota of 4000 nurses that will be required by the Army and Navy within the next few months, it was revealed by Rebecca Pond, R.N., of St. Louis, nursing consultant of the American Red Cross.

The terms of the president, Miss Tobins, the second vice president, Sarah Daily of Decatur, and the treasurer, Mabel M. Dunlap, Moline, do not expire until next fall. New officers elected for two year terms are as follows: Mrs. Ada R. Crocker, director, Cook County School of Nursing, Chicago, first vice president, and Mrs. Louise Allen Meyer of Peoria, secretary.

Call for Accrediting Applications

Nursing schools that wish to be surveyed for accreditation should file their applications before January 1, according to the National League of Nursing Education. Surveys of the first group of schools are almost completed and the committee on accreditation is ready to consider applications from a second group. Letters of application should be sent to the secretary of the committee on accrediting, National League of Nursing Education, 1790 Broadway, New York.

Pay Bills Totaling $1,000,000

More than $1,000,000 worth of hospital bills have been paid for members of Group Hospital Service, St. Louis.

Two Hospitals Receive Gifts From Abbott Fund

Two hospitals have received gifts from the Clara A. Abbott trust, established last year. Ravenswood Hospital, Chicago, announced a gift of $50,000 from the trust "to benefit the cause of medical, chemical and surgical science."

Evanston Hospital, Evanston, Ill., was the recipient of $40,000, supplementing the $250,000 that was presented to the hospital last year. The $40,000 will be used in the construction of the Abbott Memorial Laboratory building at the hospital. The new building will house the clinical and research laboratories, an auditorium for medical teaching, facilities for out-patient diagnostic tests and offices for the pathology department of the medical staff. The building is to be completed by March 1.

Lay Cornerstone of Grace Hospital

The cornerstone of the northwestern branch of Grace Hospital, Detroit, was laid on October 31. The exercises were conducted by William T. Barbour, president of the board of trustees. Truman H. Newberry, who has served as a member of the board for fifty-two years and was a charter member, laid the cornerstone of the new building.

Psychopathic Hospital, St. Louis, Mo. Architects: City of St. Louis
Contractors: I. E. Millstone Construction Co.

Security for patients is essential in the psychopathic hospital. Fenestra Psychiatric Windows provide it, yet minimize "lock-up" appearance and add architectural beauty. They are designed to provide a maximum of daylight and ventilation, other recognized essentials in the treatment of psychopathic patients.

These projected, open-in windows are built of heavy, solid steel casement sections, with vents usually one light high and limited to a maximum opening of 5". . . muntins are spaced to provide 6" x 9" lights . . . ventilator attachment is designed to defy attempts to force or remove . . . concealed locks with removable, key-type handles are available to prevent tampering with vents. When open, vents deflect drafts upward, shed water to outside; when closed, they weather tightly . . . windows usually furnished with rows of vents alternating with rows of fixed lights . . . both sides of glass easily washed from *inside* the room. For complete details, telephone the local Fenestra Office (in all principal cities) or write Detroit Steel Products Co., 2255 E. Grand Blvd., Detroit, Mich.

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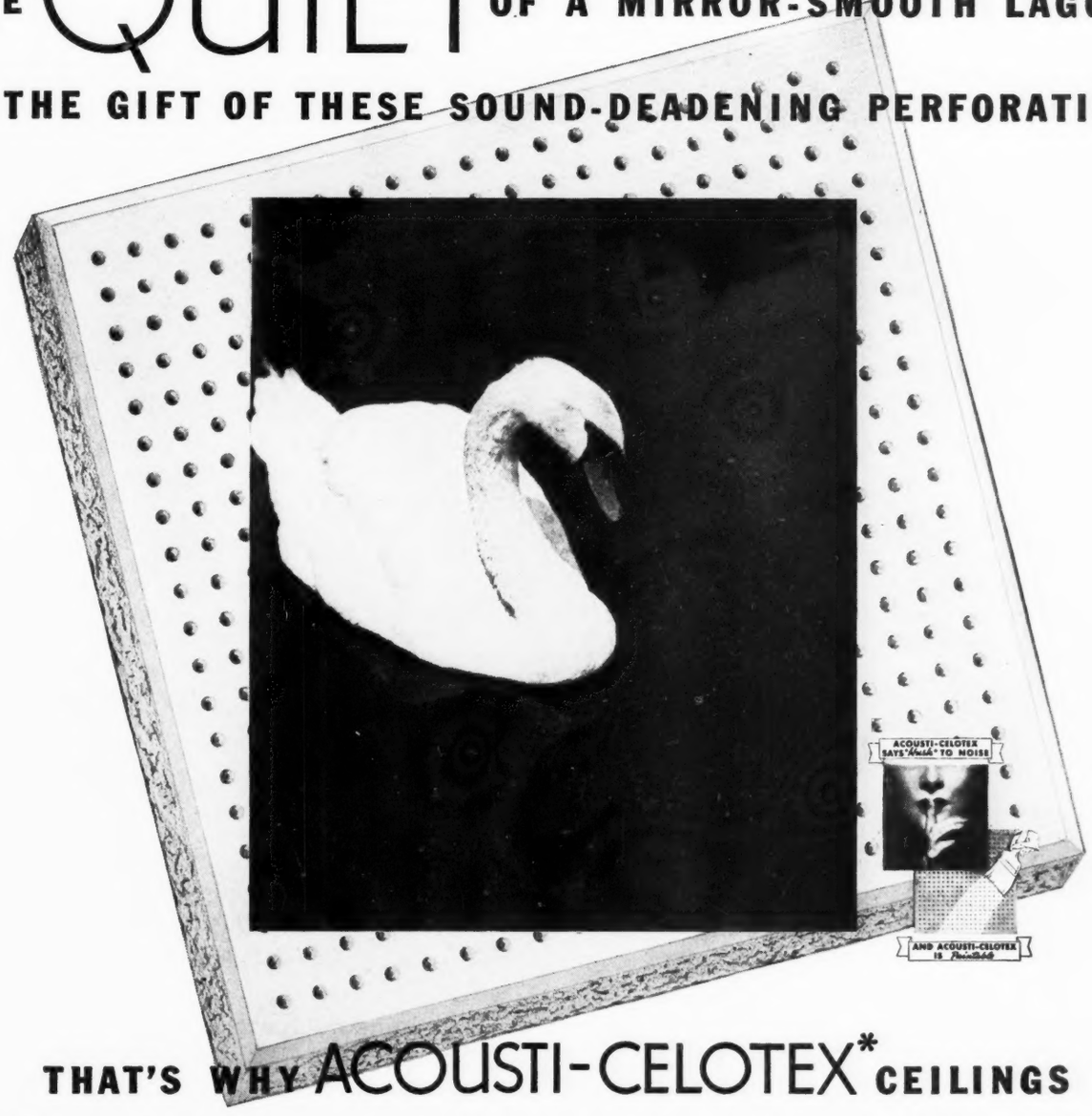
IS THE GIFT OF THESE SOUND-DEADENING PERFORATIONS



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Report on Convention of the American Dietetic Association

(*Continued from page* 94)

There was hardly a phase of food service that did not receive attention in the sessions that took place morning, afternoon and evening throughout the entire week. Maternal and infant health, community education, administration, nutrition and diet therapy and food cost control were only a few of the topics. Interspersed with these sessions were luncheons and dinners held in honor of the visitors.

Most hospitals have too many special diets on their official dietary lists was a point brought out by Dr. Eugene F. DuBois, Cornell Medical College, New York, in outlining the advantages of fewer and better diets. "Dietitians are so obliging," he said, "that they will add to the list any diet required by an attending doctor whether or not he has any special knowledge of nutrition."

The great need of medical supervision of hospital food handlers was stressed by Dr. Michael J. Lepore, personnel medical department, Presbyterian Hospital, New York. He explained that a preemployment examination is given food handlers at Presbyterian during which the applicant is told that while defects may not necessarily bar him from employment false statements will make him ineligible. A thorough physical examination is also given with special emphasis upon contagious diseases, veneral diseases and their communicable stages, tuberculosis and personal cleanliness.

Although the dietitian is sometimes considered merely an interpreter for the physician, she is actually a teacher and therapeutist as well, stated Dr. Herbert Pollack of the adult metabolic clinic, Mount Sinai Hospital, New York.

The association elected the following officers for the coming year: president-elect, Nelda Ross, director, nutrition department, Presbyterian Hospital, New York City; vice president, Nell Clausen, Children's Hospital, Milwaukee, and secretary, Mary Northrop, director of the dietetics department, King County Hospital, Seattle, Wash. Mary I. Barber, Kellogg Company, Battle Creek, Mich., who was named president-elect last year, was inducted as president for 1940 and 1941.

Coming Meetings

Dec. 5—Utah State Hospital Association, Salt Lake City.

Feb. 17-18—Congress on Medical Education and Licensure, Chicago.

Feb. 27-March 1—Texas Hospital Association, Adolphus Hotel, Dallas.

March 1—Texas Conference, Catholic Hospital Association, St. Paul's Sanitarium, Dallas.

March 3-6—Association of Western Hospitals, Fairmont Hotel, San Francisco.

March 12-14—New England Hospital Assembly, Hotel Statler, Boston.

April 16-18—Hospital Association of Pennsylvania, Bellevue-Stratford Hotel, Philadelphia.

April 21-23—Iowa State Hospital Association, Fort Des Moines Hotel, Des Moines.

April 24-25—Mid-West Hospital Association, Kansas City.

April 29-May 1—Ohio Hospital Association, Deshler-Wallick Hotel, Columbus.

Aug. 17-19—National Hospital Association, Chicago.

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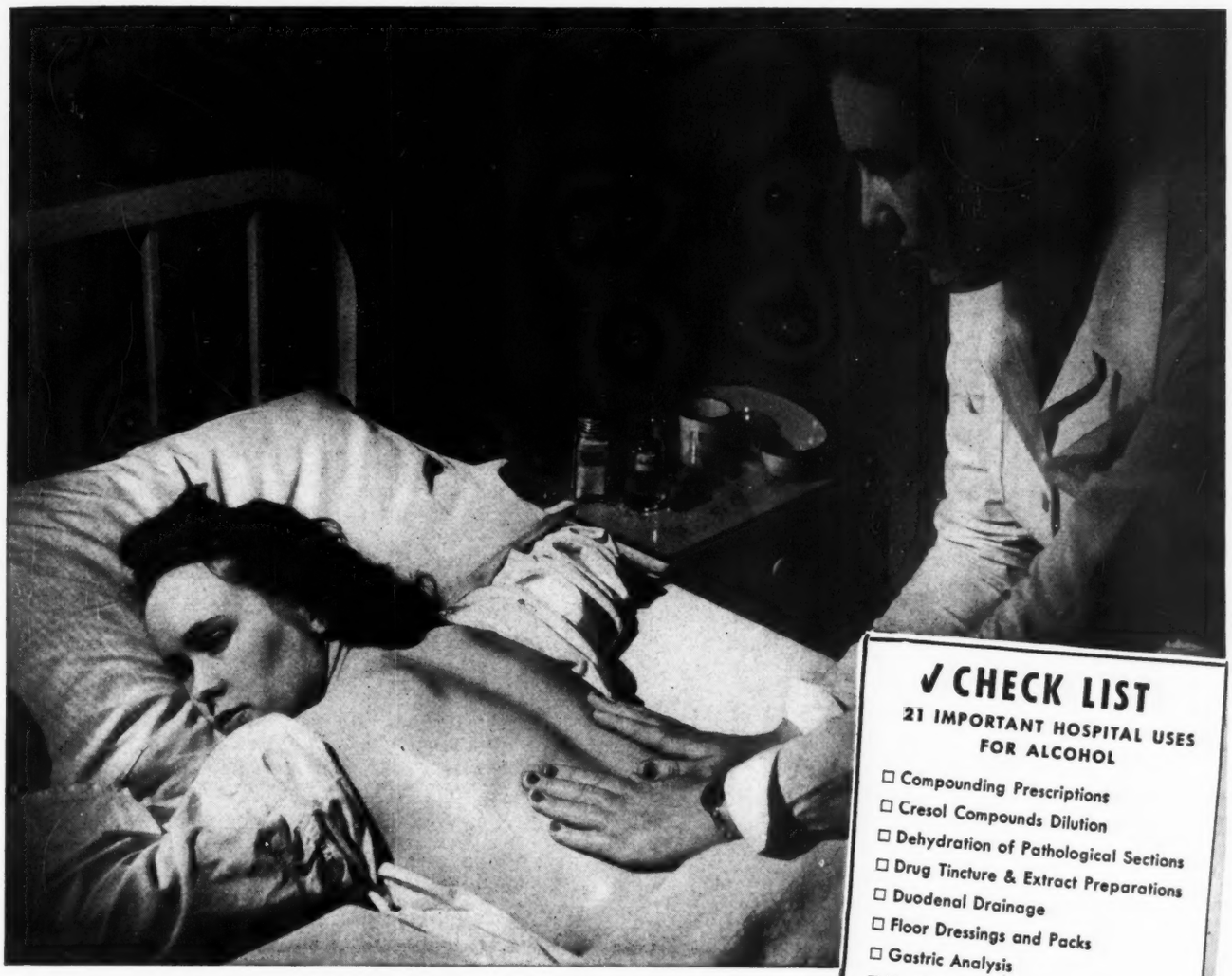
A rubbing solution prepared with 70% strength Pure Ethyl Alcohol is employed for body massage and body sponge. Massage with alcohol is an important factor in reducing fever, also in inducing sleep, relaxation and quieting of nerves in regaining health.



✓ CHECK LIST

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- ☐ Hypodermic Injections
- ☐ Massage and Sponge
- ☐ Pharmaceutical Preparations
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Trade News

Whole Wheat in the Diet

• A brochure discussing the value of whole wheat as a source of vitamin B_1 has recently been published by Ralston Purina Company, St. Louis. Some of the subjects covered include vitamin and mineral requirements in both normal and special diets, the distribution of vitamins in some common foods and the essentials of an adequate diet. The data are arranged so that they will be particularly helpful to students of nutrition.

Choosing Blankets

• Ten points that should be considered in the selection of blankets for hospitals and institutions are outlined in the handsomely illustrated catalog issued by St. Marys Woolen Mfg. Co., St. Marys, Ohio. Also included are instructions on the proper methods of washing blankets.

Calculating Pay Rolls

• Acme Visible Records, Inc., 122 South Michigan Avenue, Chicago, has recently marketed a new pay roll calculator that eliminates figuring and machine work. The calculator is a compact, visible card record book that contains 261 individual wage rate tables covering every period of service from a quarter hour to 60 hours and is said to reveal quickly the total amount due any wage earner in regular and overtime pay.

"Dripproof" Prescription Bottle

• A new type of prescription bottle featuring a special "dripproof" pouring lip has been introduced by Armstrong Cork Company, Lancaster, Pa. A groove directly underneath the lip extends around almost the entire circumference of the bottle neck so that the spoon fits tightly beneath it from any position. Nonslip raised lines running around the bottle ensure safer handling even when the bottle is wet or greasy, it is claimed.

Soda Lime Changes Color

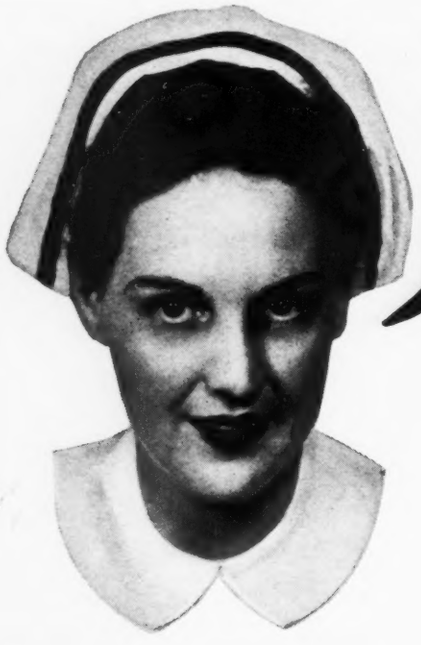
• Mallinckrodt Chemical Company, St. Louis, has announced the development of "Dioxorb," a new soda lime that changes from pink to yellow as carbon dioxide is absorbed during anesthesia, thus giving visual evidence of its activity. The indicator that has been added to the soda lime does not affect any of the ordinary anesthetic gases, it is claimed, and is heat stable. Dioxorb can be obtained in 7 pound and 25 pound containers.

Folder on Rubber Goods

• An illustrated folder illustrating surgeons' necropsy and household gloves; Penrose and surgical tubing; a heat therapy unit that displaces hot water bottles; ice caps; throat collars, and fountain syringes has just been published by Miller Rubber Company, Akron, Ohio, and is available upon request to the manufacturer.

Guide to Planning Washrooms

• New ideas in planning toilet and washroom layouts are presented in the booklet, "Toilet Room Environments," published by Sanymetal Products Company, 1705 Urbana Road, Cleveland. Stress is laid on the use of color in designing attractive rooms. Two pages of illustrations with descriptive text are devoted to toilet room, shower stall and shower cabinet installations, and one page, to the three types of finishes used on the cubicle partitions.



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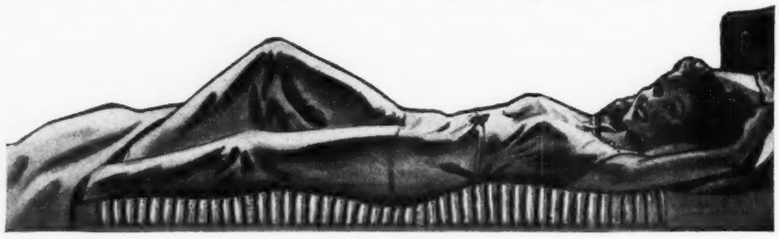

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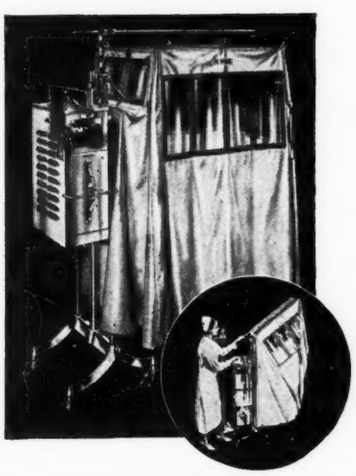

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Reader Opinion

A Query on Floor Secretaries

Sirs:

I have noted with interest the exposition of the duties of floor secretaries by Abraham Oseroff in your issue of November. While I am in agreement with the proposition that a great many clerical duties may well be performed by floor clerks, I am surprised to find duties specified that should never be assigned to such persons.

For example, under the listing of duties for secretaries it is noted that a lay clerk is charged with the responsibility of charting temperatures, charting babies' weights and temperatures and checking charts for doctors' orders. These functions are responsibilities of the nursing staff and are far too important to be delegated to a clerk.

It is recognized that the time of the nurses is valuable and that they should be relieved from the many disturbing duties that have no relation to nursing. On the other hand, matters relating to the medical records are of such nature that they cannot be intelligently or safely handled by any others than nurses, doctors and the medical records librarian.

The need for the services of nurses' aids and clerks is becoming increasingly evident but opposition to the employment of these people arises because of the fear that they will be permitted to perform functions, as in this instance, that should never be delegated to those who are not professionally trained.

William H. Walsh, M.D.
612 North Michigan Avenue,
Chicago.

Doctor Oseroff's Reply

Floor secretaries at Montefiore Hospital are carefully selected mature women who have had considerable experience before appointment to these positions. An immature woman is never considered. Is there any more reason why this carefully selected group should not be entrusted with confidential matters than are laboratory technicians, records clerks, secretaries in doctors' offices and secretaries in the administrative offices of the hospital?

The turnover of secretaries in this hospital is about nil. Our plan was started more than three years ago and, with one exception, the secretaries then appointed are still employed in the same capacity.

Charting is really transcribing figures to a graph. Today, graphs are used in many fields of work and anyone with average intelligence should be able to copy to the graphic chart temperatures that have already been taken by a nurse and recorded in a book. Any secretary who has proved her accuracy in other phases of work can be trusted to chart these temperatures.

"Checking charts for doctors' orders" means merely that the secretary constantly checks charts for new orders and calls the attention of the supervisor to them. The secretary's checking is by no means the final one.

Abraham Oseroff,
Director.

Montefiore Hospital,
Pittsburgh.

Should Be Required Reading

Sirs:

I think the article, "A Surgeon Looks at the Small Hospital Staff," in your October 1940 issue should be read by every director and also by all staff members. It is by far the best on the subject that I have ever read.

Ann C. McBride,
Superintendent.

The Community Hospital,
Beloit, Kan.

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Starts RESPIRATORY ACTION *at Once!*

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1. Reciprocal infection when mouth insufflation is employed.
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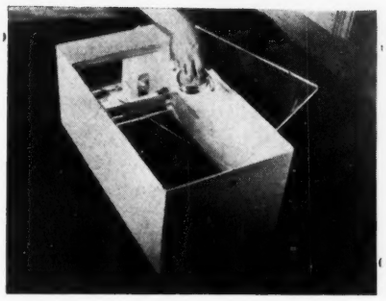

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Even if your floors aren't new, seal them now with Azzo-Seal. It dries n 30 minutes and preserves the new appearance of new terrazzo, brings a new luster and life to floorings that have been down for years.

TRY THIS NOW! Get a quart of Azzo-Seal! See how far it goes! How it improves terrazzo's appearance. This quart sent free to show you what Azzo-Seal can do for your entire terrazzo floor area. Write for it today!

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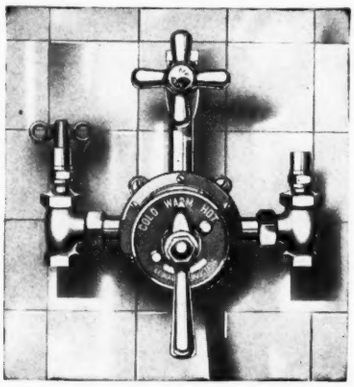

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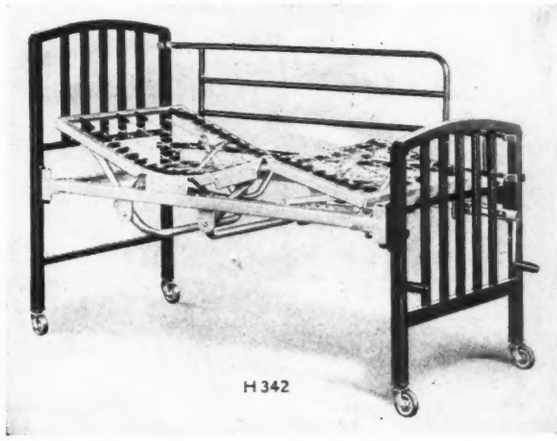

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POSITIONS WANTED

ADMINISTRATOR—Male, age 41, University education; fourteen years in hospital administration; ten years present position, and this 250-bed hospital stands out as an example of executive and accounting intelligence; progressive attitude, knows how to contact influential people. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—Registered Ohio, Missouri, Texas; combines professional knowledge with rare executive ability and sound business judgment; economical; maintains high standards in schools of nursing—a really outstanding hospital administrator with splendid experience; prefers Texas but will consider other locations. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—Ten years in one hospital, advancing from bookkeeper to assistant superintendent-business manager, attending to many administrative details; four years administrative experience since; interested and active in all community projects; will achieve outstanding results even under adverse conditions. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—Texas R.N., age 39, 5 years' administrative experience; thoroughly familiar with the essentials of a modern hospital; an exceptional combination of efficiency, executive ability, resourcefulness, and a knack of handling the public. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ADMINISTRATOR—Young lay administrator; B.A. degree, state university; excellent training in hospital administration; six years, superintendent fairly large hospital; F. A. C. H. A. MH12-20, Medical Bureau, Palmolive Building, Chicago.

ADMINISTRATOR OR BUSINESS MANAGER—Layman; college graduate; married; age 42; Protestant; 10 years architectural experience; 5 years superintendent, 350-bed hospital; available for appointment January 1. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

ASSISTANT SUPERINTENDENT OF NURSES—B.S. Degree, Columbia University, New York; graduate large Pennsylvania hospital; age 37; Protestant; 8 years experience, assistant director; registered Connecticut, New York; interested in large eastern hospitals. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

DIETITIAN—B.S. degree, state university; eight years, assistant dietitian, doing special diets in large teaching hospital; three years, chief dietitian, fairly large hospital; excellent administrator. MH12-24, Medical Bureau, Palmolive Building, Chicago.

DIETITIAN—Southern, B.S. degree, member ADA; ten years' experience in Pennsylvania and New Jersey hospitals; excellent instructor, efficient, trustworthy and dependable dietitian. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIETITIAN—B.S. degree, with credits toward M.A.; member ADA; chief dietitian 200-bed hospital past 2 years; excellent knowledge of food values; expert at preparing special diets and serving attractive trays; economical, unusual executive ability. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIRECTOR—Educational, B.S., M.A. degrees, Columbia University; graduate Boston hospital; number of years' experience; open for appointment. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

DIRECTOR OF NURSES—Ph.B. degree, state university; graduate of one of country's leading training schools; four years, instructor of medical nursing, university hospital; three years, assistant professor of nursing, university hospital; four years, director of nurses, 275-bed hospital; markedly above average in personality, professional background and ability. MH12-21, Medical Bureau, Palmolive Building, Chicago.

EXECUTIVE HOUSEKEEPER—Age 39, good social background and education; graduate Lewis Hotel Training School; additional work at Columbia University; has studied large-scale housekeeping from every angle; recommended as being capable of filling any housekeeping position. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

PATHOLOGIST — Certified by American Board; four years, assistant professor, pathology and bacteriology; eight years, director of laboratories, fairly large hospital. MH12-19, Medical Bureau, Palmolive Building, Chicago.

RADIOLOGIST—Diplomat American Board of Radiology; academic and medical degrees, state university; three-year fellowship and year's experience as instructor radiology, university graduate school; several years' association in private practice. MH12-18, Medical Bureau, Palmolive Building, Chicago.

SUPERINTENDENT OF NURSES—A.B. degree with post-graduate work Columbia University; 9 years as instructor and educational director; five as director of nurses; has contributed greatly to the advancement of standards and is recommended as being a credit to the profession. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERINTENDENT OF NURSES—B.S. degree nursing education; several years as operating room supervisor; five as superintendent of nurses; satisfied only with highest standards; solves difficult problems intelligently and with rare judgment; southern location only. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

TECHNICIAN—Registered; B.S., M.S., state university; splendidly trained in all laboratory procedures; several years' excellent experience. MH12-22, Medical Bureau, Palmolive Building, Chicago.

TECHNICIAN—X-ray, graduate nurse, excellently trained; well educated, five years' experience in British India; prefers hospital position in eastern states or Florida; available December 1. MS 398, The Modern Hospital, 919 N. Michigan Avenue, Chicago.

SUPERINTENDENT OF NURSES—R.N. of Pennsylvania, Oklahoma, California; A.B. degree, with several post-graduate courses; experienced supervisor, instructor, and director of nurses; dignified, loyal, progressive with plenty of executive ability. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERVISOR — Operating room; age 29, graduate large university hospital training school; post-graduate course operating room technique; 4 years' experience; pleasing personality, cooperative, and industrious. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERVISOR—Operating room; Registered Pennsylvania, age 28, graduate large hospital; scrub nurse one year, operating room supervisor 100-bed hospital 2 years; works agreeably and efficiently; progressive and intelligent; fits well into operating room work. North's Hospital Registry, 401 Republic Bldg., Louisville, Kentucky.

TECHNICIAN — Laboratory-x-ray; age 26, A.B. degree, registered; 4 years' experience; courteous, obliging; careful and accurate in her work. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

TECHNICIAN — Laboratory-x-ray; age 26, registered technologist, 4 years' experience, pleasant manner, cooperative disposition; confidence in herself exceeded only by desire for perfect technique. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

TECHNICIAN—Laboratory-x-ray; B.S. degree, registered technician, 10 years' experience; conducts his department economically and efficiently; congenial and cooperative. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

TECHNICIAN—Laboratory-x-ray; male, age 26, 2 years' college work; 3 years' experience; accurate, painstaking, with a remarkable understanding of clinical laboratory and x-ray methods. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

POSITIONS OPEN

ADMINISTRATION

ADMINISTRATOR—Experienced layman to take charge municipal hospital of about 300 beds; $4500-$6000. MH12-16, Medical Bureau, Palmolive Building, Chicago.

ADMINISTRATOR—Graduate nurse to take charge, new hospital; private; about 75 beds. MH12-17, Medical Bureau, Palmolive Building, Chicago.

ADMINISTRATOR—To succeed retired medical superintendent; excellently equipped hospital of more than 300 beds; physician well-trained in hospital administration required. MH12-15, Medical Bureau, Palmolive Building, Chicago.

POSITIONS OPEN

ADMINISTRATION

ADMINISTRATORS — (a) Superintendent-anesthetist; small completely modern southern hospital; competent staff; salary open. (b) Superintendent; small north central hospital; advantageous if qualified anesthesia, x-ray, office work; salary open. Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

SUPERINTENDENT—Graduate nurse; 50-bed Michigan hospital, well equipped, graduate staff; salary $200, maintenance. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERINTENDENT—Industrial hospital, 15 beds, Michigan; someone qualified to administer anesthetics preferred; salary $125, maintenance, increase. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERINTENDENTS—(a) 40-bed midwestern hospital; popular summer resort area; graduate staff 14; salary over $150, maintenance; No. 40-2889. (b) 15-bed hospital operated by mining company; midwest; desire someone who can give anesthetics and take complete charge; $125, maintenance; No. 40-2803. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

SUPERINTENDENTS—(a) Man; 200-bed hospital with training school; upstate New York; busy town; salary open. (b) Layman or M.D.; 350-bed hospital; school of nursing; administration experience; good business background; within easy reach of metropolitan area; salary about $10,000. (c) Man; 75-bed hospital; all graduate staff; New Jersey; salary about $2400. (d) Man; 150-bed hospital; New Jersey; school of nursing; administrative experience essential; salary open. (e) R.N.; small children's hospital; Kentucky; must be fond of children; salary open. (f) Woman; 30-bed hospital; Long Island; salary about $150 and maintenance. (g) R.N.; 50-bed hospital; all graduate staff; New England; salary $1800 to $2500. New York Medical Exchange, 489 Fifth Avenue, New York.

NURSING—EXECUTIVE

ASSISTANT—Assistant director of school of nurses, university hospital; duties include those of supervising nurse of the crippled children's unit; non-resident appointment; west. MH12-5, Medical Bureau, Palmolive Building, Chicago.

INSTRUCTORS—(a) Science; fine New England hospital; about two hours' ride from Boston; graduate nurse with year's work toward degree eligible. (b) Nursing arts; some one around 35 with record of successful experience in teaching nursing arts; minimum bachelor's degree, preferably master's; large teaching hospital, midwestern metropolis; immediately. MH12-7, Medical Bureau, Palmolive Building, Chicago.

ASSISTANT—Director of nursing and instructor, medical-surgical nursing; degree preferred. (a) Large New England hospital; salary $115, maintenance. (b) 155-bed Pennsylvania hospital; with preparation in ward teaching. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

DIRECTOR OF NURSES—Children's hospital; woman under forty who has had some administrative experience required; degree necessary, master's degree preferred. MH12-2, Medical Bureau, Palmolive Building, Chicago.

DIRECTOR OF NURSES—150 beds, Ohio, 52 students; requisites are college degree, pleasing personality, not over 40, teaching and executive experience; $150, full maintenance, excellent living quarters. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIRECTOR OF NURSES—165 beds, Maryland, post-graduate work and degree necessary, also teaching and administrative ability; salary open. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIRECTOR OF NURSING—College degree; some experience; 150-bed Ohio hospital; salary $150, maintenance; excellent living quarters. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

DIRECTOR—School of nursing of large teaching hospital; approximately 200 students; particularly attractive connection; $3,000, maintenance. MH12-3, Medical Bureau, Palmolive Building, Chicago.

DIRECTOR—School of nursing; 27 students in school connected with 130-bed midwestern hospital; students attend college for their theoretical work; salary open; No. 40-2828. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

DIRECTORS OF NURSING—B.S. degree. (a) 120-bed private general hospital, south. (b) 130-bed new Sisters' hospital, eastern state. (c) 200-bed hospital, Maryland; open January. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

INSTRUCTOR—Nursing arts; 100-bed hospital, degree required; $100, maintenance; midwest. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

INSTRUCTOR—Science; qualified to teach chemistry and bacteriology; 200-bed hospital, eastern Pennsylvania; 100 students; salary open. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

INSTRUCTORS—(a) Nursing arts; degree; $125, maintenance. (b) Nursing arts; west. (c) Nursing arts; degree; south. (d) Science; degree; east. Zinser Personnel Service, 1546 Marquette Building, Chicago.

NURSING—EDUCATIONAL—(a) Educational director, also theoretical instructor; requires degree nursing education; 150-bed Texas hospital; salary open. (b) Clinical instructor; medical and surgical subjects; college degree essential; desirable middlewestern location; salary open. (c) Instructor; 100-bed southern hospital, offering excellent working, living conditions; $100, maintenance. Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

INSTRUCTORS—(a) Science: midwestern institution with excellent reputation; 600 beds; open February 1, 1941; $125, maintenance; No. 40-2933. (b) Nursing arts; large southern school with university affiliation; open March 15, 1941; No. 40-2811. (c) Science; immediate opening 100-bed western institution; chemistry taught at Junior College; No. 40-2679. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

INSTRUCTORS—Nursing arts; excellent opportunities; New York, Pennsylvania, Michigan, Ohio, Iowa, New Hampshire, Texas, Georgia. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

NURSING EXECUTIVES — (a) Directress; college woman with executive and teaching background; outstanding middlewestern hospital group; $150, excellent maintenance and quarters. (b) Directress; over 35, experienced with graduate staff; 150-bed eastern hospital, located picturesque university town; salary dependent qualifications. Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

NURSING EXECUTIVES—Superintendent of nurses. (a) 100-bed hospital: upstate New York; training school; degree; at least six months' experience as superintendent of nurses in New York state; salary open. (b) 150-bed hospital; Ohio; training school; degree; teaching and executive experience necessary; single; age 35 to 40; salary $150 and maintenance. (c) 170-bed hospital; south; training school; degree; teaching and administration experience necessary; salary $150 and maintenance. (d) 150-bed hospital; upstate New York; all graduate staff; age about 35; good disciplinarian; salary $135 and maintenance. (e) Superintendent of nurses and assistant superintendent; 70-bed hospital; New England; all graduate staff; salary $115 and maintenance. New York Medical Exchange, 489 Fifth Avenue, New York.

SUPERINTENDENT - ANESTHETIST — 40 beds, North Carolina, graduate staff; $125, maintenance for experienced executive-anesthetist. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERINTENDENT-ANESTHETIST — Southern location, 60 beds, graduate staff; experience, executive ability needed; salary open. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERINTENDENT OF NURSES—Assistant; 80-bed general hospital, midwestern college town; graduate nurse staff; salary $125, maintenance. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERINTENDENT OF NURSES—College education; 150-bed Pennsylvania hospital; desirable connection and salary. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERINTENDENTS OF NURSES—(a) Experienced; degree; central. (b) Catholic; west. (c) Experienced; degree; west. Zinser Personnel Service, 1546 Marquette Building, Chicago.

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POSITIONS OPEN

NURSING — SUPERVISION

NURSING SUPERVISORS — (a) Pediatric; large north central hospital, attractively located; interesting opportunity. (b) Operating room; 100-bed eastern hospital; $100, maintenance. (c) Obstetrical; requires post-graduate training, some college work; unusual opportunity in growing department; salary dependent qualifications; middlewest. (d) Floor; some college credits required; 100-bed Texas hospital; salary open. Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

SUPERVISOR—Obstetrical; 100-bed hospital; located near large midwestern city; new building program to start soon; will include new maternity department; No. 40-2893. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

SUPERVISOR—Operating room; experience; 250-bed Ohio hospital, well staffed with students and graduate nurses; salary open; January appointment. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERVISOR—Pediatric; B.S. degree and experience in pediatric nursing; 220-bed western hospital, university connection; salary $125, maintenance; month's vacation with pay. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERVISOR—Pediatrics; 400-bed eastern university hospital; 69 patients in department and out-patient department; No. 40-2862. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

SUPERVISORS — (a) Obstetrical, excellent training and experience required; post-graduate course desirable; large southern hospital. (b) 100 beds, Illinois, experience and post-graduate work required; $100, maintenance. (c) Pediatric, children's wards totaling 40; salary based on experience and ability; living and working conditions good. (d) Women's surgical floor, 35 beds; $90, maintenance. (e) Communicable disease department, good training and experience combined with executive ability and definite interest in teaching isolation technique; $100, maintenance. (f) Night, 85 beds; $100, maintenance for capable nurse. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERVISORS—(a) Obstetrical; 125-bed hospital; central; $90, maintenance. (b) Operating room; 75 beds; $100, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

SUPERVISORS—(a) Obstetrical; Catholic; central. (b) Pediatric-orthopedic; experienced; central. (c) Surgical; Catholic; east. (d) Pediatric; north; salary open. Zinser Personnel Service, 1546 Marquette Building, Chicago.

SUPERVISORS—(a) Operating room, 500-bed city hospital with particularly active surgical service averaging 20 operations daily; 7 operating rooms with staff of 7 graduates and 15 students; $135-$150, complete maintenance. (b) Obstetrical; general hospital averaging 115 patients; department averages 27 patients, supervisor is in charge of nursing care and delivery room; $115, maintenance; California. (c) Neurological ward of municipal hospital; graduate of large hospital required; must be qualified to carry on teaching program. (d) For surgical wards, 200-bed hospital; 75 students; graduate staff of 55; surgical department has capacity of 45 beds; Pacific Coast. (e) Head nurse in infants' department; large children's hospital; advanced university courses made possible for nurse working toward degree. MH12-11, Medical Bureau, Palmolive Building, Chicago.

SUPERVISORS—Medical-surgical; pediatric; night; general hospitals, New Jersey, New York, Massachusetts, Pennsylvania, Ohio, Illinois, Texas; salaries $85-$95-$100-$110. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERVISORS—Obstetrical; New York, Connecticut, Ohio, Michigan, Minnesota, Louisiana, Florida. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERVISORS—Operating room. (a) 100 beds, beautiful location, splendid living conditions; $100, full maintenance. (b) 200 beds, southern location, good living conditions; salary commensurate with qualifications. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

SUPERVISORS—Operating room. (a) 120-bed Iowa hospital. (b) 75-bed Ohio hospital with school; salary $100. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

SUPERVISORS—Operating room. (a) 250-bed New England hospital; complete new suite rooms in new building; $125, maintenance; No. 40-2617. (b) 150-bed hospital; located capital midwestern state; $125, maintenance with increase end of first year; No. 40-2724. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

SUPERVISORS—Operating room; with executive ability. (a) 275-bed New England hospital; salary $125, maintenance. (b) 225-bed southern hospital; open January 1. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

NURSING—GENERAL

GENERAL DUTY NURSES—(a) Catholic; north; $75, maintenance. (b) Central; $65, maintenance. Zinser Personnel Service, 1546 Marquette Building, Chicago.

GENERAL DUTY NURSES—General hospitals; 8-hour day; eastern, midwestern, southern states; salaries $75-$80-$85, maintenance. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

GENERAL DUTY NURSES—Desirable openings throughout United States; $65-$85, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

STAFF NURSES (General Duty)—(a) 120-bed hospital; located midwestern state; university city; $70, maintenance day duty; $80, maintenance night duty; No. 40-2891. (b) New England hospital over 200-bed capacity; excellent living and working conditions; $75, maintenance; No. 40-2859. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

ANESTHESIA

ANESTHETIST—Chief anesthetist, 200 beds, Illinois hospital; salary open. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ANESTHETIST—Hospital over 200-bed capacity located in Chicago, Illinois; three anesthetists employed; $90, maintenance to start; No. 40-2949. Nurse Placement Service, 512-17 Willoughby Tower, Chicago.

ANESTHETIST—100 beds, pleasing personality stressed as well as ability to administer ether, nitrous oxide, cyclopropane; $100, maintenance. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

ANESTHETISTS—(a) Office of prominent exodontist; must be thoroughly experienced in administering nitrous oxide anesthesia; $125; southwest. (b) For obstetrical department, large hospital; California, $125, partial maintenance. (c) To succeed anesthetist who has held position for ten years; private hospital, general; New England; $150, maintenance. MH12-8, Medical Bureau, Palmolive Building, Chicago.

ANESTHETISTS—(a) Small midwestern hospital combining laboratory; $125, maintenance. (b) Second anesthetist; 175-bed central hospital; $100, maintenance. Shay Agencies—Placement Bureau, 1008 N. Rush Street, Chicago.

ANESTHETISTS—Opening in active service, large hospital in Chicago area; pleasant environment, working conditions; $100, maintenance. Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

ANESTHETISTS—Several openings in eastern hospitals, salaries $100 to $115, maintenance. New York Medical Exchange, 489 Fifth Avenue, New York.

ANESTHETISTS—South; $100, maintenance; combine with superintendency. Zinser Personnel Service, 1546 Marquette Building, Chicago.

FOOD SERVICE

DIETITIANS—(a) Chief dietitian; fully approved 500-bed hospital; $150-$200. (b) Dietitian with minimum three years' experience; one 25-40 preferred; about $130, maintenance. MH12-13, Medical Bureau, Palmolive Building, Chicago.

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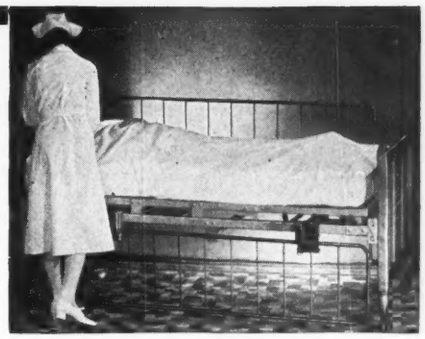

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POSITIONS OPEN

FOOD SERVICE

DIETITIAN—Large nervous and mental hospital; $100, maintenance. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIETITIAN—75 beds, Virginia, experience desirable but not absolutely necessary. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIETITIAN—200 beds, midwest, good teaching and buying ability; must be member ADA and have at least 5 years' experience. North's Hospital Registry, 401 Republic Building, Louisville, Kentucky.

DIETITIANS—(a) Catholic; degree; central. (b) $100, maintenance; central. (c) Mental hospital, southeast; $100, maintenance. Zinser Personnel Service, 1546 Marquette Building, Chicago.

DIETITIANS—(a) Dietitian; full charge department, well-rated Iowa hospital; salary open. (b) Dietitian; minimum three years' experience tuberculosis institution, experienced in decentralized food service; unusually attractive tropical appointment; $125, full maintenance, periodic increases. Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

DIETITIANS — Administrative. (a) 175-bed midwestern hospital; excellent salary. (b) 200-bed Chicago hospital; salary open. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

TECHNICIANS

TECHNICIAN—Laboratory and x-ray; 75-100-bed hospitals, Michigan, Minnesota, Ohio, Iowa, Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

TECHNICIAN—Laboratory; 150-bed general approved hospital; full-time pathologist; salary open; midwest. Interstate Hospital and Nurses Bureau, 332 Bulkley Building, Cleveland.

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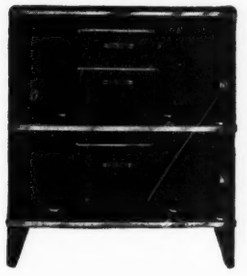

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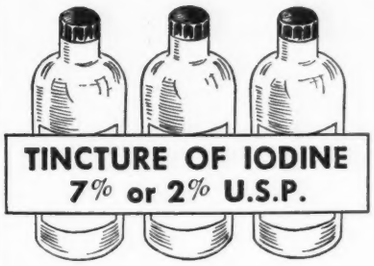

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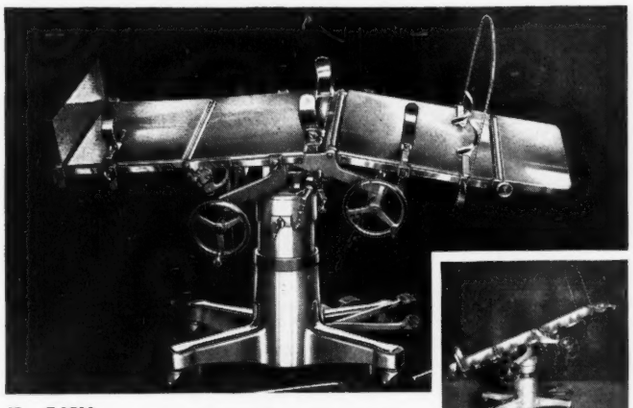

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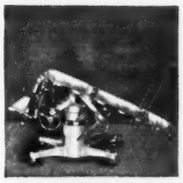

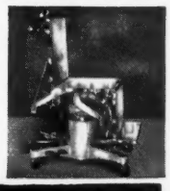

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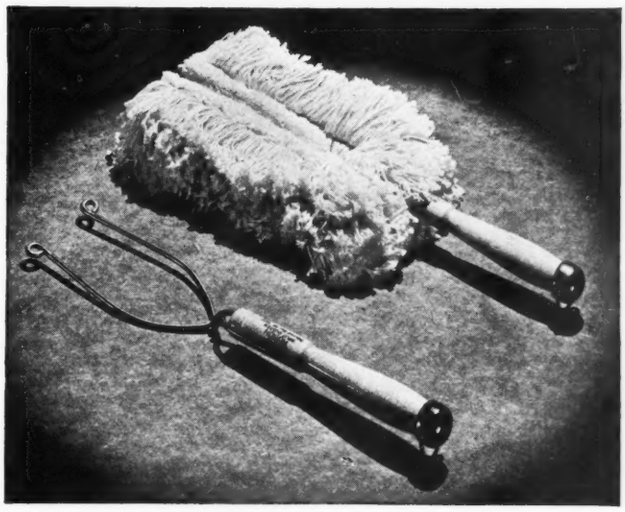

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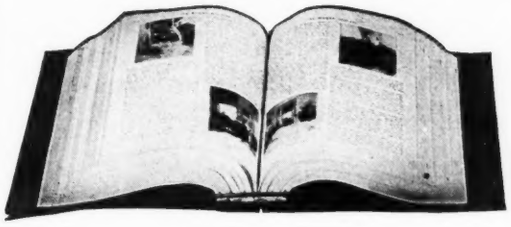

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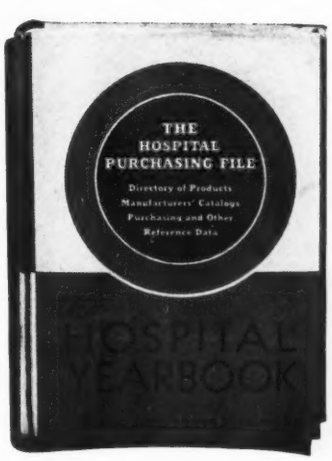

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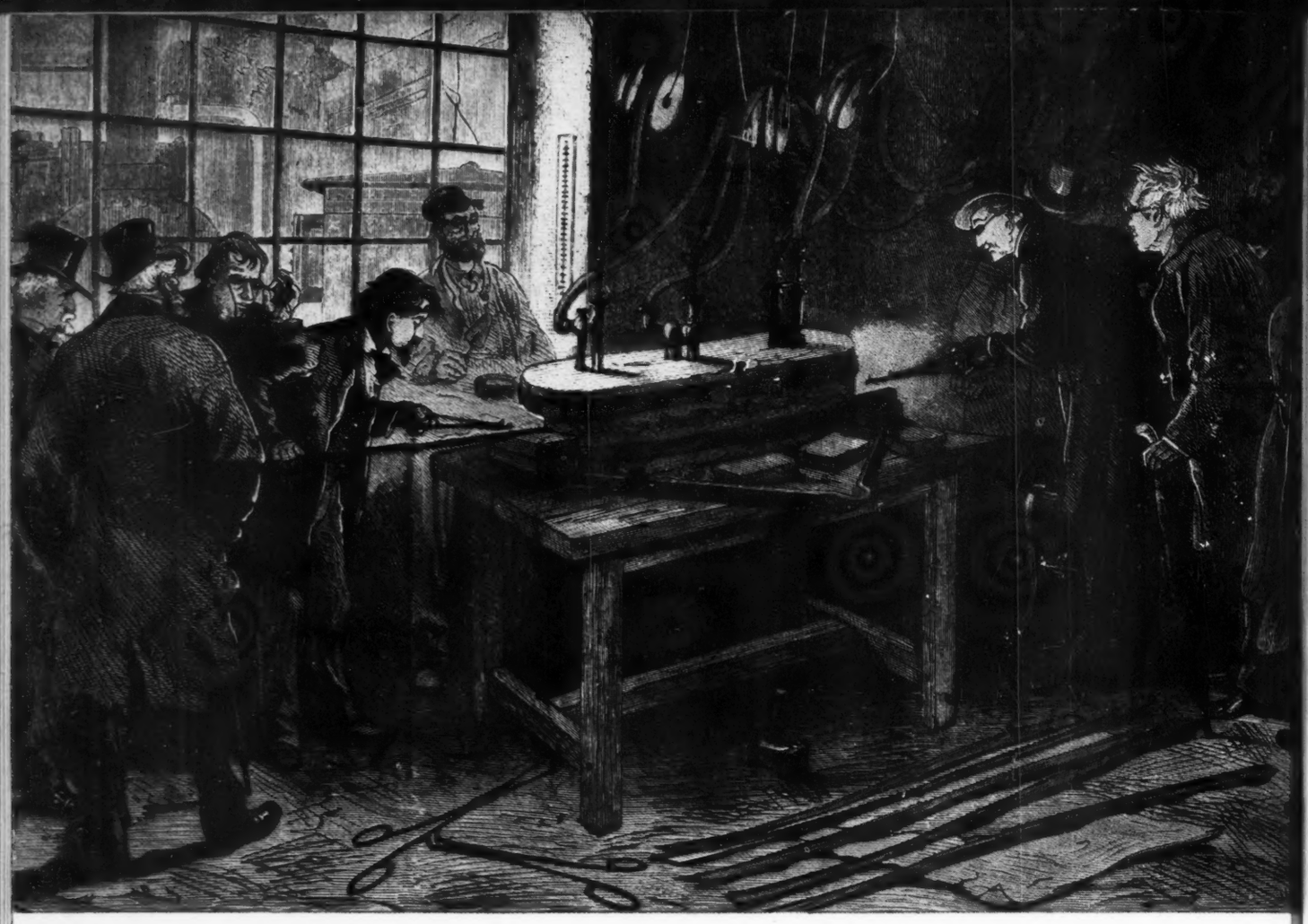

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